



**COLORADO**

**Department of  
Labor and Employment**

Division of Vocational Rehabilitation

## ***Fee Schedule***

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## Introduction

The mission of DVR is to assist persons with disabilities to succeed at work and to live independently. Vendor partners are an extremely important part of fulfilling our mission.

The Division of Vocational Rehabilitation (DVR) has established a range of allowable rates for each specific good and service. All purchases must be in accordance with Colorado State Procurement Rules, in accordance with this fee schedule and DVR policy, and at least possible cost.

DVR counselors may authorize services exceeding standard rates contained in the Fee Schedule when an individual's vocational rehabilitation needs require a specialized service not typically required by other persons with disabilities or to offer a service or good in an individual's home community when appropriate. Documentation supporting the need to exceed the standard rates for any service shall be attached to the service record copy of the applicable Authorization for DVR Service.

## Vendor and Provider Requirements

The expectation of service providers/vendors is that they are knowledgeable about disabilities and understand disability-related employment barriers. Vendors should focus on outcomes and meeting client's employment goals, as documented in an Individualized Plan for Employment (IPE).

In addition, a quality service provider/vendor:

- *Meets Qualifications:* As outlined in the DVR Fee Schedule, Appendix A – Provider Standards.
- *Is Responsive:* Provides quality, timely, and consistent communication with both counselor and client.
- *Is Available and Accessible:* To meet with clients regularly and provide accessible environments and methods of communication.
- *Provides Timely Reports and Invoices:* Provides accurate, consistent reports and invoices. Reports and invoices must be typed and not hand-written.
- *Is Ethical:* Adheres to highest ethical behavior and treats staff and clients with respect.

## DVR Vendor Code of Ethics

### Objectivity

- Provide professional services with objectivity and respect for the unique needs and values of the individual being provided services.
- Provide sufficient objective information to enable an individual or the individual's authorized representative to make informed choices.

### Nondiscrimination

- Avoid discrimination based on factors that are irrelevant to the provision of services; be conscious of DVR values and how they influence professional decisions.
- Not discriminate on the basis of race, creed, and color, type of disability, national origin, sex, or age.
- Comply with all licensing, credentialing and/or accreditation requirements recognized within their fields of service.

- Provide services only within the scope of their competency, taking into account their education, experience, and training and recognizing the limits of their skills and knowledge.
- Take on only those professional commitments and agreements that they can fulfill, and carry out those obligations in a timely manner.
- Ensure recommendations for clients are first discussed with counselors.

### Sound Business Practices

- Do not engage in fraud, waste, or abuse when charging for services.
- Be truthful and accurate in all statements about the services and products they provide.
- Stay within the scope of services agreed upon by DVR clients and DVR.
- Maintain adequate records of evaluations, assessments, services, recommendations, reports, or products provided and preserve confidentiality of those records, unless disclosure is required by law, or protection of DVR client or the public.

### Integrity and Responsibility

- Assume responsibility and accountability for all decisions and actions.
- Be honest, faithful, and keep promises and honor the trust placed in them.
- Do not advertise or market services in a misleading manner.
- Do not engage in uninvited solicitation of potential individuals, who are vulnerable to undue influence, manipulation, or coercion.

DVR is also in accordance to “[State of Colorado Procurement Code of Ethics and Guidelines](https://www.colorado.gov/pacific/sites/default/files/State%20of%20Colorado%20Procurement%20Code%20of%20Ethics%20and%20Guidelines.pdf),” which addresses conflict of interest and the appearance thereof (<https://www.colorado.gov/pacific/sites/default/files/State%20of%20Colorado%20Procurement%20Code%20of%20Ethics%20and%20Guidelines.pdf>).

### “Usual and Customary” Guidance

Fiscal rule 24-30-202 requires that state employees designated to authorize a service or good must ascertain if a price or rate is (1) in accordance with law or administrative rules or (2) is fair and reasonable. Reference Fiscal Rule 2-2, Commitment Vouchers, Section 3, Rule (see 3.3), OSC under Fiscal Rules (<https://www.colorado.gov/pacific/osc/fiscalrules>).

Within the Fee Schedule, most service and good rates are specifically set. When the Fee Schedule permits a “usual and customary” rate, DVR staff must determine if the rate meets the test of fair and reasonable. Substantiation may result from the proposed price or rate compared to established catalog prices or market prices or historical prices/rates for similar good/services procured previously. Or, a cost/price analysis must be completed.

### Established Catalog Prices or Market Prices

"Established Market Price" means a current price, established in the usual and ordinary course of trade between buyers and sellers, which can be substantiated from sources which are independent of the manufacturer or supplier and may be an indication of the reasonableness of price. In many instances, a lower price or rate may be negotiated.

### Historical Prices or Rates for Similar Goods/Services

Historical prices or rates for similar items or services procured in the past also serve as a guide to fair and reasonable prices.

## Cost/Price Analysis

In cases where neither historical nor catalog prices exist, cost analysis must be used. Vendors can be asked to provide summary level detail of materials and labor costs, as well as markups and other indirect cost rates included in the price. Technical judgments concerning labor hours can be applied to labor hour rates to evaluate the reasonableness of the overall price.

Reasonable profit is another element of price. Per 24-103-403 C.R.S., for noncompetitive acquisitions where neither historical nor catalog prices exist, vendors are required to submit cost or pricing data for purposes of conducting a cost analysis.

## References of “Usual and Customary”

The following table provides guidance on determining what category above is most applicable by category.

References of “Usual and Customary”	Guidance for Determining Fair and Reasonable
Chapter 1: Medical and Psychological Goods and Services	
“Postage”	Established catalog prices or market prices
Chapter 3: Medical Supplies and Equipment	
<ul style="list-style-type: none"> <li>• “Medical Supplies”</li> <li>• “Durable Medical Equipment”</li> <li>• “Rental and Repair if Durable Medical Equipment”</li> </ul>	Established catalog prices or market prices (or less as negotiated with vendor)
Chapter 4: Drugs and Medications	
<ul style="list-style-type: none"> <li>• “Rates of Payment”</li> <li>• “Prescription Medication”</li> <li>• “Controlled Substances”</li> </ul>	Established catalog prices or market prices
Chapter 5: Prosthetic and Orthotic Services	
<ul style="list-style-type: none"> <li>• “Repair of Eyeglasses”</li> <li>• “Other Prosthetic Devices”</li> <li>• “Orthotic Devices”</li> </ul>	Established catalog prices or market prices (or less as negotiated with vendor)
Chapter 6: Dental Restoration Services	
“Dental X-Rays or Lab Required for Restoration”	Established catalog prices or market prices (or less as negotiated with vendor)
Chapter 7: Non-Medical Assessment Services	
<ul style="list-style-type: none"> <li>• “Occupational Testing and Exams”</li> <li>• “Background Checks”</li> <li>• “Transcripts”</li> </ul>	Established catalog prices or market prices
Chapter 8: Training Services	
<ul style="list-style-type: none"> <li>• “Communication Skills Training”</li> <li>• “On-the-Job Training,” “Requirements”</li> <li>• “Books, Supplies, &amp; Other Training Materials”</li> <li>• “Non-Adaptive Training Equipment”</li> <li>• “Vocational, Trade, and Business School”</li> <li>• “Colorado Colleges and Universities”</li> </ul>	Established catalog prices or market prices

<ul style="list-style-type: none"> <li>• “Colorado Private Colleges and Universities”</li> <li>• “Out-of-State Public Colleges and Universities”</li> <li>• “High School Equivalency Exam (GED, HiSET, TASC),” “One-to-One Instruction”</li> <li>• “Instruction through Adult Learning Programs”</li> </ul>	
“Other Skill Training”	Established catalog prices or market prices. Or, if market prices unavailable, cost/price analysis
<ul style="list-style-type: none"> <li>• “Adaptive/Specialized Driver’s Training”</li> <li>• “Books, Supplies, &amp; Other Training Materials “</li> <li>• “Non-Adaptive Training Equipment”</li> <li>• “Foreign Language Interpreting”</li> </ul>	Established catalog prices or market prices (or less as negotiated with vendor)
<b>Chapter 9: Communication Services</b>	
“Professional Interpreter”	Established catalog prices or market prices (or less as negotiated with vendor)
<b>Chapter 10: Rehabilitation/Assistive Technology Goods, Services, and Training</b>	
<ul style="list-style-type: none"> <li>• “Vehicle Modification”</li> <li>• “Assistive Technology Devices”</li> <li>• “Design, Fabrication, Adaptation, and Customization Services”</li> <li>• “Training and Consultation”</li> </ul>	Established catalog prices or market prices (or less as negotiated with vendor)
<b>Chapter 11: Self-Employment Services</b>	
<ul style="list-style-type: none"> <li>• “Occupational Testing and Examinations”</li> <li>• “Occupational Licenses and Fees “</li> <li>• “Occupational Tools and Equipment for Self-Employment “</li> <li>• “Initial Stock and Inventory”</li> </ul>	Established catalog prices or market prices (or less as negotiated with vendor)
<b>Chapter 12: Occupational Licenses, Tools, and Equipment</b>	
<ul style="list-style-type: none"> <li>• “Occupational Testing and Examinations”</li> <li>• “Occupational Licenses and Fees”</li> <li>• “Occupational Tools and Equipment</li> <li>• “Initial Stock and Inventory”</li> </ul>	Established catalog prices or market prices (or less as negotiated with vendor)
<b>Chapter 13: Pre-Employment Transition Services</b>	
<ul style="list-style-type: none"> <li>• “Pre-ETS Curriculum Based Workplace Readiness Training Program”</li> <li>• “Pre-ETS Purchase, Rental and Repair of Assistive Technology Devices”</li> </ul>	Established catalog prices or market prices (or less as negotiated with vendor)
<b>Chapter 14: Job Search and Placement Services</b>	
“On-the-Job Training”	Usual and customary wages for the required skill level and type of position in which the individual is placed

Chapter 15: Supported Employment Services	
<ul style="list-style-type: none"> <li>• “ES Cab Fare”</li> <li>• “ES Assistive Technology”</li> </ul>	Established catalog prices or market prices (or less as negotiated with vendor)
Chapter 16: Supportive and Other Services	
“Emergency Automobile Repair”	Cost price analysis
<ul style="list-style-type: none"> <li>• “Cab Fare”</li> <li>• “Attendant Care/Personal Assistance Services”</li> <li>• “Homemaking Assistance”</li> </ul>	Established catalog prices or market prices (or less as negotiated with vendor)

## Overview of Vocational Services and Goods

Rates for each service are identified in the units most commonly used when the service is rendered and will vary, depending on the unit types that apply to a given good or service.

### CPT codes

DVR uses these codes to determine allowable fees for the purchase of most medical and psychological assessment and treatment services.

### Monthly Payment Rates

Services that are typically provided over a period of months have a monthly payment rate. Unless otherwise noted, the monthly payment rate requires a minimum of 30 hours of face-to-face contact between the service provider and the client. Partial months of service (less than 30 hours of face-to-face contact between the service provider and consumer) are paid at the prescribed hourly rate. Payments for full or partial months of service include the preparation and provision of a written report(s) and the provider's travel costs, including travel time, within normal service delivery area.

### Hourly Payment Rates

Unless otherwise noted, partial hours of service will be rounded to the nearest hour. In most cases, payment is made only for hours in which the provider is rendering services directly to the consumer. Payment includes the preparation and provision of a written report(s) and the provider's travel costs, including travel time, within the normal service delivery area.

### Rate Adjustments for Service Settings

Separate fee ranges have been established for certain services according to the settings in which they are rendered.

### Facility Settings

These are environments and/or structures designed specifically to provide services to persons with disabilities and other special populations, such as community rehabilitation program facilities, clubhouses, independent living centers and residential facilities, extended employment facilities, etc.

### Community Settings

These are real-life settings appropriate to the type of service, such as real work settings, community-based transitional employment program sites, home, or community environments, training facilities serving the general public, etc.

## State Ownership of Equipment, Tools, and Other Non-Prescription Goods

Equipment, tools and other non-prescription devices purchased by DVR for use by an individual in a training program or for employment remain the property of the State of Colorado until successful closure from DVR occurs. When such items are initially issued, the service record will contain written acknowledgment of State ownership from the individual receiving the equipment.

## Recovery

Upon termination of a program that does not result in a successful vocational rehabilitation outcome, the individual will be requested, in writing, to return any equipment purchased by DVR. If the equipment is not returned after two such requests, recovery efforts may be turned over to the Office of the Attorney General.

## Re-issue

Recovered items will be retained in field offices to be re-issued to other individuals with disabilities who may have need of such items. Documentation of re-issued items will be placed in the service record of the individual from whom State property was recovered as well in the service record of the individual to whom it is being re-issued.

## Worker's Compensation

Pursuant to Section 8-40-202 of the Colorado Revised Statutes, individuals participating in the DVR program are covered by the State of Colorado's workers compensation insurance when they are receiving diagnostic or training services sponsored by DVR. Examples of these types of services include but are not limited to evaluations, situational assessments, personal and work adjustment training, vocational training, work experiences and on-the-job training in accordance with DVR's On-the-Job Training Agreement.

If you have any questions concerning DVR's worker's compensation coverage for participants of this program, you can contact your local DVR office or DVR administration at 303-318-8571. You may also reference [Appendix C](#) of this manual for additional guidance.

## Fiscal Procedures for Service Providers/Vendors

Invoices must be submitted to the originating DVR office by mail, fax, or encrypted email as follows:

- Within 15 days of completion of a service or receipt of a good/service, or,
- The 15th day of the following month for ongoing services (e.g. job preparation and development services)

## Exceptions

- Post-secondary training invoices are due 15 days after financial aid has been applied
- Health care provider invoices are due 15 days after insurance has been applied, including Medicaid

**NOTE:** If DVR has not received an invoice (and required supporting reports, as applicable) within 45 days from completion of a service or receipt of a good—not the authorization end date—a vendor forfeits all rights to be paid for services rendered/goods provided.

*Post-secondary training: If DVR has not received an invoice 45 days after financial aid has been applied, a vendor forfeits all rights to be paid for services rendered/goods provided.*

*Health care providers: If DVR has not received an invoice 45 days after insurance has been applied, including Medicaid, a vendor forfeits all rights to be paid for services rendered/goods provided.*

## Invoice Requirements

Invoices must contain the following information, at a minimum:

- Dates of service
- DVR authorization number
- Invoice total
- Itemized list of fees according to authorization
- Name of the provider
- Provider's invoice number
- Provider mailing address

An example of a generic DVR invoice may be located on the DVR Partners and Providers webpage at: <https://www.colorado.gov/pacific/dvr/vendors-providers>.

DVR cannot reimburse sales or use taxes. Vendors/providers who do not meet the above criteria for timely invoicing may have their vendor/provider status terminated with DVR. DVR will pay vendors for all amounts due within 45 days after receipt of products or services, all required reports, and an invoice with the correct amount due.

## Cancellation Fees for Services

Whenever a vocational service is scheduled but not actually provided because the appointment has been cancelled with less than 24 hours' notice or is a "no-show," DVR may pay the lesser of one-half of the allowable fee for a scheduled unit of service or \$150.00, whichever is less. These are the maximum allowable fees for cancelled or missed appointments, and payment will only be made if requested by the provider. Counselors are urged to negotiate the lowest possible cost in such circumstances. (Does not include ASL interpretation; please see "Chapter 9: Communication Services").

## Provider Travel Time

(Procedure codes 31050-01, 31050-02, 31050-03)

DVR may pay for a provider's travel time in excess of 30 minutes one-way if the business address (starting location of travel) and service location is beyond the seven- (7-) county Denver Metro area (counties of Adams, Arapahoe, Broomfield, Boulder, Denver, Douglas, and Jefferson). For clients served in the Longmont office within Boulder County, travel time may be paid if the vendor's travel is in excess of 30 minutes one way.

#### Payment Rate

- Provider's hourly rate, payable in 15-minute increments (exclude first 30 minutes of one-way travel and 7-county Denver Metro Area)
- If there is no hourly provider rate, travel may be paid at the rate of \$20.00 per hour, payable in 15-minute increments (excluding 1st 30 min of one-way travel and 7-county Denver Metro Area)
- Flat Rate (exceptional or out-of-state), rarely used, negotiable

#### Community-Based Site Setup

(Procedure code 27050-01)

Community-based site setup is payment to a vendor for finding, developing, and securing a new community-based site for adjustment training, assessments, evaluations, trial work experience, or paid work experience. This is a one-time site development fee, which is only paid if the site is successfully secured. If an agency already has an established site, payment will not be made.

#### Payment Rate

- Up to \$52.00 per hour
- Maximum of two hours (\$104.00)

#### Payment to Employers for Use of Their Work Site/Location

(Procedure codes 08107-01, 08107-02)

This is a payment to employers for such services is available only when the employment setting provides an integrated, competitive work environment, the individual's performance provides no net benefit to the employer, and the employer is not being paid by DVR to provide any other service to the individual.

#### Monthly Payment Rate

- 30+ hours of on-site time per month
- Up to \$540.00/month
- Maximum of two months

#### Payment for Partial Months

- 1-29 hours per month
- Up to \$18.00 per hour
- Maximum of two months

#### Provider Agreement

Providers who approach \$80,000 in encumbered or actual payments during a state fiscal year (July 1 – June 30) are required to complete a Provider Agreement that further details agreement to the terms and conditions of the Authorization/Purchase Order for DVR service, the Vendor code of Ethics, Provider Standards, the DVR Fee Schedule, and Provider Qualifications. This agreement is valid for five (5) years, and DVR notifies the provider when the Provider Agreement will be required. Failure to return the Agreement within the designated time frame may result in services with the provider being suspended or terminated.

## Chapter 1: Medical and Psychological Goods and Services

Evaluation, diagnosis, and treatment of physical and mental disorders must be provided by service providers qualified in accordance with Colorado licensure and certification laws or equivalent licensure and certification laws governing the provision of services in the state of purchase.

### 1.1 Least Possible Cost

Individuals receiving medical or psychological treatment services (other than diagnostic services) from DVR are expected to first make maximum use of all comparable benefits and resources for which they are eligible (e.g., private insurance, Social Security benefits, Medicare, Medicaid, the Veterans Administration, Tricare, the United States Public Health Service, or other private or public programs). Provision of restoration services by DVR will not duplicate those available under other public health programs or private insurance policies.

A physical and psychological restoration service shall be provided under the following circumstances:

- Service is not available financially or covered through comparable benefits
- Service is likely to correct or substantially improve an impairment within a reasonable period (time-limited, not ongoing)
- Service treats an impairment that constitutes a substantial impediment to employment
- Service is necessary to achieve the employment outcome

DVR does not customarily provide any payment for medical treatment or for sex reassignment-related treatments.

### 1.2 Establishment of Allowable Fees: *Relative Values for Physicians (RVP)*

DVR uses the RVP to determine allowable fees for the purchase of most medical assessment and treatment services. The RVP is widely accepted as the basis of fee-for-service insurance reimbursement in the medical community.

The RVP is divided into sections that address different aspects of the delivery of medical services, including the following:

- Anesthesia
- Evaluation and Management
- Medicine
- Pathology
- Radiology
- Surgery

The RVP employs Current Procedural Terminology (CPT) codes to identify medical services and treatment procedures. According to CPT code, each service or procedure is assigned a “relative value unit” (unit) which reflects its relative worth in terms of time, skill, severity of illness, risk to the patient, and risk to the physician. In addition, “conversion factors” represent an appropriate base rate that, along with the relative value unit, determines a unique dollar value for procedures.

The normal maximum allowable fee for a procedure is **Units x Conversion Factor = Fee**

### 1.2.1 RVP Conversion Factors for Medical Treatment Procedures

Anesthesia	\$53.73 per unit plus per time unit
Surgery	\$99.83 per unit
Radiology	\$18.41 per unit
Pathology	\$13.72 per unit
Medicine	\$8.33 per unit
Physical Medicine	\$6.23 per unit
Evaluation and Management	\$10.16 per unit

### 1.2.2 Fee Adjustment for Unusual Circumstances

Units for medical procedures may be modified under certain circumstances. The use of a CPT modifier code (i.e. BR, RNE, or I) in conjunction with the CPT code indicates unusual circumstances and may increase or decrease the cost of a procedure. Reimbursement is determined by negotiation between the rehabilitation counselor and the provider for least possible cost. If a provider uses a CPT modifier to request a rate greater than DVR's allowable fee, the accompanying report will need to reflect the reason, and the service record of the authorization needs only to reference the provider's report.

### 1.2.3 Fee Adjustments for Type of Provider

DVR only purchases medical services from a provider that is *appropriately licensed and/or certified in accordance with the laws of the state in which they are providing service, is within their scope of practice, and is in good standing*. Providers for which there are no state licensure laws must be certified or otherwise qualified in accordance with the standards provided in this chapter.

Reimbursement for physician services shall be the lower of the allowable fee for corresponding Colorado providers or the out-of-state provider's actual charge. For more in-depth information regarding Colorado Revised Statutes, please access [leg.colorado.gov](http://leg.colorado.gov).

Providers are reimbursed at different rates according to licensing and specialty.

Physician providers are reimbursed at **100%** of a procedure's relative value, as follows:

- Doctors of Medicine, licensed under CRS 12-36 by the State Board of Medical Examiners
- Doctors of Osteopathy, licensed under CRS 12-36 by the State Board of Medical Examiners
- Chiropractors, licensed under CRS 12-33 by the State Board of Chiropractic Examiners
- Podiatrists, licensed under CRS 12-32 by the Colorado Podiatry Board

The following non-physician providers are reimbursed at **100%** of the procedure's relative value for a physician:

- Physical Therapists, licensed under CRS 12-41, and Occupational Therapists, certified by the American Occupational Therapy Certification Board, shall be reimbursed only for procedures in the "Medicine" section of the RVP (CPT codes 97001-97799)
- Speech Pathologists, certified by the American Speech and Hearing Association

- Optometrists, licensed under CRS 12-40 by the State Board of Optometric Examiners, may be reimbursed for only for the following ophthalmology procedures 92002, 92004, 92012, 92014, 92015, 92081, 92083, 99215, 99201, 99202, 99203, 99204, and 99205 (DVR may also reimburse for dispensing of glasses under CPT 92340, 92341, 92342)
- Acupuncturists, registered under CRS 12-29.5 with the Colorado Office of Acupuncturists Registration; only for physical medicine procedures 97810, 97811, 97813, and 97814

The following providers are reimbursed at **90%** of the procedure's relative value for a physician:

- Psychologists, licensed under CRS 12-43 by the Colorado State Board of Psychologist Examiners
- Doctoral interns receiving one-to-one supervision by a licensed psychologist pursuant to the intern's licensure under CRS 12-43

The following professional categories shall be paid at **75%** of the relative value for a physician:

- Orthopedic Technologists, certified by the National Organization of Orthopedic Technologists
- Surgical Technologists, certified by the Association of Surgical Technologists
- Audiologists, practicing in Colorado prior to July 1, 1995, certified by the American Speech & Hearing Association, registered under CRS 12-5.5 with the Colorado Department of Regulatory Agencies, Division of Registrations. Audiologists beginning practice in Colorado on or after July 1, 1995 are registered under CRS 12-5.5 with the Colorado Department of Regulatory Agencies, Division of Registrations
- Respiratory Therapists, certified by the National Board of Respiratory Care
- Registered Nurses, licensed under CRS 12-38 by the State Board of Nursing, including family nurse practitioners certified by the American Nurses Association; pediatric nurse practitioners certified by the National Certification Board of Pediatric Nurse Practitioners and Nurses or the American Nurses Association; nurse anesthetists certified by the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists; psychiatric and mental health nurses certified by the American Nurses Credentialing Center
- Optometrists, licensed under CRS 12-40 by the State Board of Optometric Examiners; for procedures other than those identified under 1.c) above.
- Clinical Social Workers, licensed under CRS 12-43 by the State Board of Social Work Examiners, and interns receiving one-to-one supervision pursuant to the intern's licensure under CRS 12-43
- Marriage and Family Therapists, licensed under CRS 12-43 by the State Board of Marriage and Family Therapists Examiners, and interns receiving one-to-one supervision pursuant to the intern's licensure under CRS 12-43
- Licensed Professional Counselors, licensed under CRS 12-43 by the State Board of Professional Counselor Examiners, and interns receiving one-to-one supervision pursuant to the intern's licensure under CRS 12-43-601
- School Psychologists, licensed under CRS 12-60-1044(1)(e)
- Learning Disability Specialists with an advanced degree in Learning Disabilities and/or Special Education, and a current Teacher's Certification from the Colorado Department of Education

- Psychiatric and Mental Health Nurses, certified by the American Nurse's Credentialing Center and licensed under CRS 12-38 by the State Board of Nursing
- Clinical Specialists in Psychiatric and Mental Health Nursing, certified by the American Nurses Credentialing Center and licensed under CRS 12-38 by the State Board of Nursing
- Registered Dietitians, certified as such by the National Commission on Dietetics Registration
- Physician Assistants, certified by the National Commission on Certification of Physician's Assistants and under CRS 12-36-106(5)(a) by the State Board of Medical Examiners, including university trained Surgeon Assistants

The following are reimbursed at **50%** of the procedure's relative value for a physician:

- Massage Therapists, registered under 12-35.5 and certified by the National Certification Board for Therapeutic Massage & Bodywork; only for massage treatment (CPT code 97124)
- Registered Dietetic Technicians, certified through the Commission on Dietetics Registration

In all cases, payment for the procedures includes the preparation and provision of a written report. The report must reflect the complexity of the service, length of time involved, level of training and expertise required by the provider to perform the procedure, and the scope of medical services provided.

### 1.3 Diagnostic and Evaluation Services

Diagnostic procedures performed by qualified non-physician providers must be rendered under the direct and personal supervision of a physician. Direct and personal supervision means that a physician is physically present on the premises at the time the procedure or examination is provided by the qualified non-physician provider. An audiologist or speech pathologist may independently perform diagnostic services to establish functional limitations associated with a hearing or speech impairment if appropriately certified for such services.

#### 1.3.1 Medical Diagnostic and Evaluation Services (General Medical Exams, Consultation, Occupational Therapy, Physical Therapy, Specialist Evaluations)

(Procedure codes 01000-01, 01000-02, 01400-01, 01500-01, 01900-01, 01900-02, 01900-03, 01900-04, 01900-05, 01900-06, 01900-07, 01100-01, 01100-02, 01100-03, 01100-04)

CPT codes used for diagnostic medical procedures that are provided in a physician's office or other outpatient facility are frequently found in either the "Medicine" section or the "Evaluation and Management" section of the RVP, depending on the type of examination and body systems involved. Medical assessments or diagnostic tests ordered in conjunction with a specialty examination are typically found in the "Medicine" section. Unless prohibited by a procedure's description, the physician may also be paid for the office visit, which is reported as an "Evaluation and Management" procedure.

The "Evaluation and Management" section of the RVP contains two series of CPT codes that depend on the physician's previous knowledge of the individual, the type of medical history required, the scope of the required physical examination, the complexity of medical decision-making required of the physician, and the detailed reporting of medical and work-related functional limitations necessary.

In addition, the allowable fee to a physician examining an established patient is less than the fee for examining a patient for the first time. When the scope of required examination and reporting is consistent with that associated with a typical evaluation and management office visit, CPT code 99214 will be used for specialty office examinations for an established patient and CPT code 99204 will be used for specialty office examinations for a new patient. In instances when the counselor cannot determine the scope of an individual's functional limitations and the associated vocational impediments without a more detailed physical examination and report, CPT code 99455 may apply for an established patient and CPT code 99456 for a new patient. These two CPT codes generally apply only to those medical conditions for which functional limitations for a given diagnosis can vary greatly, such as certain orthopedic, cardiology, pulmonary, and neurological conditions.

### 1.3.2 Laboratory and X-Ray Services

(Procedure codes 01300-01, 01300-02—non-dental)

These diagnostic services provided to establish an impairment must be ordered by a licensed physician. The services must be provided in a physician's office or by the physician's clinical laboratory that is certified in accordance with the Clinical Laboratory Improvement Amendments of 1988 or meets the Health Care Financing Administration guidelines; or by an independent laboratory certified by the Health Facilities Division of the Colorado Department of Public Health and Environment.

Diagnostic services will be purchased from independent laboratories only in the specialties or sub-specialties for which they are certified. Laboratories that provide X-ray services must have their X-ray equipment, directors, and equipment operators certified by the Colorado Department of Health as meeting Medicare guidelines.

The fees for radiological diagnostic procedures are frequently separated into two components. The "hospital component" (HC) covers the cost of equipment, supplies, technical personnel, and other incidental expenses. This component is allowed when the service is provided to an outpatient by an appropriately certified laboratory. Payment of a "professional component" (PC) is also allowed to compensate the radiologist for supervision of the laboratory's activities and interpretation of the radiological studies, when required.

In addition, the CPT coding structure lists tests in groups at a lower cost than individual tests. When tests are ordered in a group, the individual tests will not be paid for separately. Conversely, when the physician orders multiple individual tests that can be performed in a group, the maximum-allowable fee corresponds to the CPT code for such tests in a group. Laboratory procedures are generally found in the "Radiology" or "Pathology" sections of the RVP.

### 1.3.3 Hearing Assessments

(Procedure codes 01700-07, 01700-08)

This service to assess extent of hearing loss includes the complete audio logic history, full diagnostic evaluation including pure tone/bone conduction testing, speech discrimination, tympanometry, and acoustic reflex testing, and full report to DVR.

### 1.3.4 Psychological (Psychiatric, Neurofunctional, and Psychological) Diagnostic and Evaluation Services

(Procedure codes 05000-01, 05000-02, 05000-07, 05000-08, 05000-10, 05100-01, 05100-02, 05100-03, 05100-04, 05200-01, 05200-02, 05200-03, 05200-08, 05300-02, 05300-03, 05900-08, 05900-09, 05900-10, 05900-11, 05900-12, 05900-13)

Licensed neuropsychologists, psychologists, or psychiatrists or certified learning disability specialists administer, interpret, and report testing. Tests are found in the “Medicine” section of the RVP, CPT codes 90791-90792, 90885-90889, 96101-96150. The total allowable fee for such tests depends upon the amount of time required. For example, a learning disability evaluation usually includes an interview portion, which is paid for separately under CPT code 99205. The CPT code series 99212-99215, found in the “Evaluation and Management” section of the RVP, is used if a follow-up diagnostic session is necessary.

Reports: Allowable fees for diagnostic examinations includes interpretation of any required tests and a written report. The report must include, at a minimum, a description of the service provided, any ancillary procedures, and a summary of findings. Such reports must substantiate the level of service used to establish the rate of payment.

## 1.4 Medical Restoration Services

Procedures for medical restoration are found in all sections of the RVP, depending on the type of treatment required. Medical treatment services from qualified non-physician providers must be rendered under the direct and personal supervision of a physician unless otherwise indicated in the Fee Schedule. Direct and personal supervision means that a physician is physically present on the premises at the time the treatment is provided by the qualified non-physician provider. These services shall be reimbursed by the same methodology as physician services with adjustments for the professional training of the individual rendering the services.

### 1.4.1 Treatment Plan

When a program of physical restoration services is being planned, the practitioner shall provide a written treatment plan. The complexity of the treatment plan will vary depending of the type of services being provided, and it may include services provided by other practitioners. The plan may be a stand-alone document, or it may be articulated in the “recommendations” section of a diagnostic report. Any treatment plan must in some manner identify the treatment objectives; parameters of proposed treatment in sufficient detail to enable DVR to authorize goods and services in advance--including the required services--length of treatment and the scope and intensity of required procedures; and, the anticipated follow-up. The treatment plan must reflect that all services are medically necessary to avoid or reverse deterioration in the individual's condition or to remediate serious limitation to bodily functions.

### 1.4.2 Reports

As with diagnostic services, fees for physical restoration services include the preparation and provision of a written report(s). The report(s) must include a description of services provided and the outcome. They must also reflect the complexity and length of the procedures as appropriate to the CPT code.

### 1.4.3 Surgical Procedures

Surgical services will only be provided when certified as medically necessary by the attending physician. Routine surgical supplies provided by the treating physician are considered part of the treatment protocol, and payment is included in the fee for the physician's surgical services. Incidental procedures are commonly carried out as an integral part of a total surgical service and, as such do not warrant separate payment. However, under some circumstances, multiple surgical procedures will warrant additional payment. In addition, there may be occasions when the skills of more than one surgeon may be necessary for a specific surgical problem.

Maximum payment for special surgical situations is determined as follows:

- The allowable fee for multiple surgical procedures performed with a single surgical incision—regardless of how many organ systems are involved or how many different surgeons participated—will be **100%** of the relative value for the procedure commanding the greatest value, **50%** of the relative value for the second procedure, and **25%** of the relative value for each subsequent procedure. In this instance, the surgical CPT codes for the second and subsequent procedures will carry CPT modifiers of -51.
- The allowable fee for microsurgery will be **125%** of the relative value for the surgical procedure unless the CPT code already specifies that the procedure involve microsurgery.

Multiple procedures performed by a single surgeon:

- The allowable fee for bilateral surgical procedures performed by one surgeon, indicated by a CPT modifier code of -50, will be **100%** of the relative value for the first procedure and **80%** of the relative value for the second procedure.
- The allowable fee for multiple surgical procedures requiring two or more incisions (separate organ systems or different anatomical locations) will be **100%** of the allowable value for the first procedure and **70%** of the allowable value for each subsequent procedure. The CPT code for the second and subsequent procedures will be indicated by CPT modifier codes of -51.

Procedures performed by multiple surgeons:

- When two primary surgeons are involved in the performance of a single surgical procedure, the maximum allowable will be **125%** of the procedure relative value, split equally between the surgeons. Such procedures will carry a CPT modifier of -62.
- The allowable fee for bilateral surgical procedures or multiple procedures involving different organs or body systems performed by two surgeons, indicated by a CPT modifier code of -50, will be **100%** of the relative value for both procedures.
- When the services of an assistant surgeon are needed, the procedures will be indicated by CPT modifier codes -80, -81, and -82. The allowable fees for assistant surgeons will range from **10%-20%** of the relative value for the specific procedure.

#### 1.4.4 Laboratory and X-Ray Services

(Procedure codes 11300-01, 11300-02)

Laboratory and X-ray services are frequently performed as part of a treatment plan to diagnose or treat conditions with specific symptoms. They are not typically routine diagnostic tests performed without apparent relationship to a specific illness, symptom, complaint, or injury. A licensed physician, in good standing, must authorize all laboratory and X-ray services. They must be performed by an independent laboratory certified by the Health Facilities Division of the Colorado Department of Public Health and Environment, a clinical laboratory certified in accordance with the Clinical Laboratory Improvement Amendments of 1988, or a clinical laboratory certified to meet the Health Care Financing Administration guidelines. Laboratory services will be purchased from independent laboratories only in the specialties or sub-specialties for which they are certified. Laboratories, which provide X-ray services, must have their X-Ray equipment, directors, and equipment operators certified by the Colorado Department of Health as meeting Medicare guidelines.

CPT codes for laboratory services are found in the "Radiology" and "Pathology" sections of the RVP. The fees for radiological diagnostic procedures are frequently separated into two components. The "hospital component" (HC) covers the cost of equipment, supplies, technical personnel, and other incidental expenses. This component is allowed when the service is provided to an outpatient by an appropriately certified laboratory. Payment is allowed for a "professional component" (PC) to compensate the radiologist for supervision of the laboratory's activities and interpretation of the radiological studies, when required.

In addition, the CPT coding structure lists tests in groups at a lower cost than individual tests. When tests are ordered in a group, the individual tests will not be paid for separately. Conversely, when the physician orders multiple individual tests that can be performed in a group, the maximum-allowable fee corresponds to the CPT code for such tests in a group. Laboratory procedures are generally found in the "Radiology" or "Pathology and Laboratory" sections of the RVP, and the applicable conversion factors are on page 9 of this chapter.

Laboratory services provided to hospital patients under the supervision of the hospital are considered part of the hospital's treatment facility services, and a separate payment is not allowed. Tests performed by an independent certified lab are purchased separate from the associated treatment procedures.

#### 1.4.5 Physical Medicine Restoration Services

(Procedure codes 11400-02, 11500-01, 11600-01, 11700-01)

Treatment procedures found in the "Medicine" section of the RVP (CPT codes 97010-97799) are typically performed by physical and occupational therapists. The need for such services must be included as part of a treatment plan and must be authorized by a physician, licensed and in good standing.

#### 1.4.6 Massage Therapy Services

(Procedure code 11700-01 or 11500-01, provided by physical therapist)

Certified massage therapists are allowed to provide massage therapy when authorized as part of a treatment plan by a physician, licensed and in good standing. Services provided by

massage therapists are limited to CPT code 97124, and they are paid at **50%** of the procedure's relative value.

#### 1.4.7 Acupuncture Services

(Procedure code 11700-01)

Licensed acupuncturists are allowed to provide acupuncture services *when authorized as part of a treatment plan by a physician, licensed and in good standing*. Services provided by acupuncturists are limited to CPT codes 97810 through 97814, and they are paid at **100%** of the procedure's relative value.

#### 1.4.8 Home Health Services

(Procedure codes 11900-01, 11900-02, 11900-03)

Home health services consist of skilled nursing services and home health aide services. They must be provided by a home health agency, certified by the Department of Health Care Policy and Financing. Home health aide services must include at least one task defined as skilled personal care under the direct direction and supervision of an appropriately licensed nurse. Payment for home health services is on a per visit basis, regardless of the number of nurses or nurse aides in attendance, for up to 2 ½ hours.

A “visit” means a personal contact made by a nurse or home health aide with the individual in the individual's place of residence for the purpose of providing a legitimate home health service. The cost of supplies used by home health agency staff for universal precautions is included in the payment for each visit. Other supplies are paid for separately. Maximum allowable fee for home health services is the lower of the rates identified below or the actual billed charge.

Type of Service	Per Visit Rate
Nursing	\$95.79
Home health aide	\$39.67 for first hour \$9.46 for each additional ½ hour

### 1.5 Psychological (Including Psychiatric and Neurofunctional) Restoration Services

(Procedure codes 13000-01, 13000-02, 13000-03, 13000-04, 13000-05, 13000-06, 13000-07, 13000-08, 13000-09, 13300-01, 13300-02, 13300-03, 13300-04, 13300-05, 13300-06, 13300-07, 13300-08, 13300-09)

Most psychological restoration services are found in the “Medicine” section of the RVP under CPT codes 90804-90899. Payment for evaluation, counseling, and psychotherapy will be determined by the practitioner providing the service, the length of the session, and whether the psychotherapy is provided individually or in a group setting. CPT code 90834 is for a 45-minute session of individual psychotherapy, 90832 for a 30-minute session, and 90837 for a 60-minute session. Group therapy is under CPT code 90853. Sessions whose duration falls between identified times will be reported at the closest time above.

#### 1.5.1 Treatment Plan

Although the provision of psychological restoration services may not require as rigorous a treatment plan as some physical restoration procedures, the counselor, practitioner, and individual with a disability must reach agreement concerning the goal of planned treatment and

the scope, intensity, and duration of treatment services prior to implementation of mental restoration services. The treatment plan may be a stand-alone document or it may be articulated in the "recommendations" section of a diagnostic report.

### 1.5.2 Reports

Fees for psychological restoration services include the preparation and provision of a written report(s). The report(s) must include a description of services provided and the outcome. They must also reflect the qualifications or credentials of the provider.

### 1.5.3 Duration of Services

DVR support for all psychological treatment will not exceed 12 sessions and six months' duration. Purchase of treatment services for more than 12 sessions and six months requires an exception and must be reviewed and approved by supervisor with a reassessment and approval after each additional six sessions and three months' duration.

### 1.5.4 Use of Independent Practitioners

Rates of payment for evaluation, counseling and psychotherapy provided in a face-to-face setting vary depending on the practitioner providing the service, the length of the session, and whether the psychotherapy is provided individually or in a group setting.

### 1.5.5 Use of Mental Health Centers

Evaluation, counseling, and psychotherapy services will only be purchased from a community mental health center that is licensed by the Colorado Department of Public Health and Environment when an individual is not eligible for the service under the center's targeted population criteria. DVR may cover the cost of an individual's co-payment for such services when the individual's financial circumstances warrant. Treatments for services from mental health centers require a face-to-face encounter between the individual and the mental health professional providing services for payment. Treatment may take place on a one-to-one basis or may be provided to a group of not more than 12 individuals. Although services provided by unlicensed practitioners are supervised by licensed providers, the fee for a treatment service is not determined by who co-signs a report but by who actually provides the face-to-face contact. The following rates have been determined by applying the appropriate conversion factor to the allowable CPT codes for psychological testing and psychotherapy.

### 1.5.6 Rates According to Conversion Factor and Allowable CPT codes for Psychological Evaluation and Psychotherapy

		Individual			Group
Provider Credentials	Evaluations per hr. (96101)	30 MIN (90832)	45 MIN (90834)	60 MIN (90837)	Per hour (90853)*
Psychiatrist licensed under CRS 12-36-107	\$324.87 (90791), \$200.75	\$74.97	\$95.80	\$141.61	\$28.32
Psychologist licensed under CRS 12-43-303	\$180.68	\$67.47	\$86.22	\$127.45	\$25.49
Professional counselor licensed under CRS 12-43-601	\$150.56	\$56.23	\$71.85	\$106.21	\$21.24

Clinical social worker licensed under CRS 12-43-403					
Marriage/family therapist licensed under CRS 12-43-501					
Psychiatric/mental health nurses  Licensed under CRS 12-38- 111					
Clinical specialists in psychiatric/mental health nursing licensed under CRS 12-38-111					

\*For DVR, this code applies to both in-patient and outpatient group therapy. The maximum allowable fee is the lower of the rates identified above or the actual billed charge.

#### **1.5.6(a) Lower Rates When Service Performed With Evaluation and Management Service**

		Individual Add-on's		
Provider Credentials	Evaluations/hr. (90791, 96101)	30 MIN (90833)	45 MIN (90836)	60 MIN (90838)
Psychiatrist licensed under CRS 12-36- 107	\$324.87, \$200.75	\$49.98	\$79.99	\$129.12
E&M CPT codes, not add-on's	99212	\$60.96		
	99213	\$91.44		
	99214	\$137.16		
	99215	\$198.12		

#### **1.5.7 Substance Abuse Evaluation and Counseling**

A substance abuse counselor certified at the CAC II level or higher by the Colorado Alcohol and Drug Abuse Division of the Colorado Department of Human Services provides service to an individual in a program licensed by the Colorado Alcohol and Drug Abuse Division for outpatient substance abuse treatment services. Therapy may take place one-to-one or in a group of not more than 12 individuals and may be paid for services within the scope of their certification at 75% of the relative value for a physician. Substance abuse treatment services may not be purchased from programs only certified to provide Level I DUI Education and Level II DUI Education/treatment.

## Allowable Fees for Substance Abuse Evaluation and Counseling

	Individual			Group
Provider Credentials	30 MIN (90832)	45 MIN (90834)	60 MIN (90837)	(90853)**
CAC II or Higher Substance Abuse Counselor	\$53.39	\$68.22	\$100.85	\$20.17/hr.

\*\* For DVR, this code applies to both in-patient and outpatient group therapy.

### 1.6 Other Fees

Fees for appointment cancellation, provider travel time, and reports from file (medical records) follow.

#### 1.6.1 Cancellation Fee

The maximum fee that DVR may pay for a cancelled or missed appointment is one-half of the allowable fee for the scheduled service(s) or \$500, whichever is less. Payment will only be made if requested by the provider. Counselors must negotiate the lowest possible cost in such circumstances.

#### 1.6.2 Provider Travel Time

(Procedure codes 31050-01, 31050-02, 31050-03)

When the rendering of a good or service to an applicant or eligible individual requires the provider to travel, DVR may pay for the provider's travel time in excess of 30 minutes one way. DVR reimbursement for travel will not be provided if the business address (starting location of travel) and service location is in the 7-county Denver Metro area (counties of Adams, Arapahoe, Broomfield, Boulder, Denver, Douglas, and Jefferson). For consumers served in the Longmont office within Boulder County, travel time may be paid if the vendor's travel is in excess of 30 minutes one-way.

Payment for such travel time will be at 100% of the hourly rate for the service being provided payable in 15-minute increments. If there is no hourly rate, travel will be paid at the rate of \$20.00 per hour, payable in 15-minute increments.

#### Payment Rate

- Standard hourly rate, payable in 15-minute increments (exclude 1st 30 min of one-way travel and seven county Denver Metro Area) \$20.00
- Provider's hourly rate, payable in 15-minute increments (exclude 1st 30 minutes of one-way travel and seven county Denver Metro Area)
- Flat Rate (exceptional or out-of-state), rarely used, negotiable

#### 1.6.3 Reports from File Fee

(Procedure codes 01999-01, 01999-02, 01999-03, 01999-04, 01999-05, 01999-06, 01999-07, 01999-08)

The Rehabilitation Act of 1973, as amended, requires counselors to make maximum use of existing medical records insofar as they provide sufficient data to make a determination of the individual's eligibility for vocational rehabilitation services, the severity of disability, and the extent of vocational rehabilitation needs.

### **Rates for Reproduction of In-File Records (in accordance with CRS 25-1-801)**

Pages 1-10	\$18.53 maximum
Pages 11-40	\$.85 per page
Pages 41+	\$.57 per page
Review and/or edit in-file records is necessary prior to copying, if necessary	\$10.50 maximum
Narrative medical report based on in-file records	\$42.00 maximum
Records copied from microfilm	\$1.50 per page
Records provided on a CD	\$25.00 or the above rates, whichever is less
Postage	Usual and customary

### **1.7 Out-of-State Medical Treatment**

An individual receiving services from DVR may receive medical services from out-of-state providers to the same extent as when furnished by in-state providers under one of the following conditions:

- Medical services are needed by an individual temporarily out of Colorado because of a medical emergency
- Needed medical services are more readily available in the state where the individual is temporarily located
- Out-of-state medical services are more accessible in areas adjacent to the Colorado border; or,
- It is more cost-effective to obtain medical services from an out-of-state provider

#### **1.7.1 Invoices**

All invoices for medical treatment services must be itemized. Whenever possible, the original invoice must be used for billing purposes.

Invoices from physician and non-physician providers must include the following information:

- Patient's name
- Name of provider and his or her professional designation
- Itemized list of services provided
- Treatment rendered, such as modalities, time, intensity, and area treated, when applicable for a particular procedure such as physical therapy, anesthesia, and services reimbursed by time units;
- Dates of service
- Exact CPT code and CPT modifier(s), when applicable, for each service or procedure. If CPT codes are missing, they must be obtained prior to processing the bill for payment.

#### **1.7.2 Reports**

Any bill received from a medical service provider must include the service provider's written report. Preparation of this report is considered part of the authorized service and does not warrant additional fees. This provision also applies to required periodic progress reports for services, which extend over a period of time, such as physical therapy, psychotherapy, etc.

The report must include, at a minimum:

- Patient's diagnosis (periodic progress reports do not need to repeat the diagnosis)
- Description of the service provided
- Treatment procedures
- Outcome of treatment
- Identification of type of provider and credentials: If information has been gathered or synthesized by someone other than a doctor of medicine or a doctor of osteopathy, it is only acceptable when the actual report indicates through co-signature that it was prepared under the supervision of one of the above

Additional Report Requirements for Office Visits, CPT codes 99201-99220:

- Summary of pertinent medical history
- Scope of examination
- Complexity of medical decision making which is consistent with the descriptions of office visits

Additional Report Requirements for Specialized Disability Assessments, CPT codes 99455 or 99456:

- Summary of pertinent medical history
- Results of a sufficiently comprehensive physical examination
- Diagnosis
- Summary of capabilities
- Level of stability
- Functional limitations
- Proposed treatment, if any

Reports for physical medicine procedures (physical therapists and occupational therapists) must contain sufficient information to justify a CPT 97000-series office visit.

Reports accompanying unique procedures without relative values must also reflect the complexity of the procedure and the length of time required to complete the procedure.

### ***1.7.2(a) Additional Medical or Psychological Reports***

(Procedure codes 01999-01, 01999-02, 01999-03, 01999-04, 01999-05, 01999-06, 01999-07)

Reports should include the provider's supplemental report, progress notes (other than required progress reports), or office notes, and should only be paid for when the counselor specifically requested them. For special narrative reports, the content should be established with the provider before the report is prepared.

## Chapter 2: Medical Treatment Facility Services

### 2.1 Requirements

Treatment facilities (other than practitioner's offices) used for the provision of medical and psychological services must belong to one of the following groups and be licensed and/or certified in accordance with the Colorado Department of Public Health and Environment:

1. Hospitals accredited by the Joint Commission on Accreditation of Healthcare Organizations and licensed by the Colorado Department of Public Health and Environment;
2. Medical laboratories certified and in good standing as per surveys conducted by the Health Facilities Division of the Colorado Department of Public Health and Environment;
3. Free-standing or hospital affiliated health centers certified as Federal Qualified Health Centers by the U.S. Department of Health and Human Services;
4. Health clinics located in rural areas (Rural Health Clinics), which have been so certified under Medicare;
5. Federally designated community health centers (CHCs);
6. Community health clinics certified as community clinics by the State Department of Public Health and Environment;
7. Health Maintenance Organization facilities accredited by the National Committee for Quality Assurance (NCQA) and licensed as such by the Colorado Division of Insurance;
8. Ambulatory surgery centers (ASC) certified as such by Medicare and licensed by the Colorado Department of Public Health and Environment; or,
9. Nursing homes licensed by the Colorado Department of Public Health and Environment as an Intermediate Health Care Facility (IHCF) or as a Nursing Care Facility.

For more specific information go to: <https://www.colorado.gov/cdphe/hfems>

### 2.2 Medical Treatment Facility Rates

DVR uses hospital and clinic rate information developed and maintained by the Department of Health Care Policy and Financing (HCPF) to determine rates for treatment facility services. When services under this category(s) are deemed necessary, counselors provide the Physician Proposed Treatment Plan form to the physician. Once the physician provides all required information on this form, DVR field staff contact the Finance and Operations Unit (FOU) who provides current allowable rates in compliance with the Colorado Department of Health Care Policy and Finance. A sample of this form can be found in Appendix C.

#### 2.2.1 In-State Inpatient Services

##### 2.2.1(a) Hospital

(Procedure code 14300-01)

A hospital provides diagnostic and therapeutic services by or under the supervision of physicians for the purpose of diagnosis, treatment, and care of an injured, disabled, or sick person. Hospitalization for more than 24 hours is considered inpatient and includes those items and services that are ordinarily furnished by a hospital for the care and treatment of inpatients provided under the direction of a physician.

Inpatient hospital rates are determined by three separate factors:

1. A Diagnostic Related Grouping (DRG), established for each hospitalization stay;
2. A relative weight established for each DRG; and
3. An inpatient rate for the specific hospital, which is based on the hospital's patterns of service and expenditures.

A Diagnostic Related Grouping (DRG) is established for each hospitalization stay, reflects the type and complexity of the procedure(s) and treatment rendered, and the patient's general health and age. The DRG is commonly used by private insurance companies as well as the Medicaid and Medicare programs.

DVR uses hospital and clinic rate information developed and maintained by the Colorado Department of Health Care Policy and Financing (HCPF) to guide its rate setting for treatment facility services. When hospital care is deemed necessary, DVR field staff shall refer to Appendix D of the Fee Schedule to devise the correct "facility fee" to pay the hospital. If the provider does not include the "facility fee" as one of the line items on the claim form, then do NOT add the facility amount. All other services that are billed should be paid according to the Relative Values for Physicians (RVP) manual.

### **2.2.1(b) Extended Care Facility**

(Procedure code 14700-01)

DVR may provide services in an extended care facility when determined medically necessary by the treating physician and required on a continuous 24-hour basis. This need must be incorporated into a plan of treatment written by a physician, licensed and in good standing. In addition, DVR's provision of extended care services should be predicated upon a reasonable assurance of progress toward sufficient functional and/or developmental improvement to enable the individual to become gainfully employed. This means that such services are only provided on a time-limited basis and for the purpose of facilitating the individual's recuperation or habilitation to the degree that he or she can complete the rehabilitation program.

DVR will only use extended care facilities that are appropriately licensed, employ qualified staff, and adhere to all regulations required by the Colorado Department of Public Health and Environment. The prescribing physician must identify whether the individual needs skilled or intermediate nursing services to determine the type of facility to be used, defined in Appendix B.

### **2.2.2 In-State Outpatient Services**

#### **2.2.2(a) Hospital**

(Procedure code 14000-01)

Outpatient hospital services are diagnostic, therapeutic, rehabilitative, preventive, and palliative items and services furnished in a hospital setting by or under the direction of a physician to an individual who is not receiving room and board or professional services on a continuous 24-hour-a-day basis. Outpatient hospitalization includes the use of an operating room, recovery room, surgical instruments, and supplies needed for the duration of the hospital stay.

DVR has established an Outpatient Hospital Facility Fee reimbursement rate for each hospital. When services under this category(s) are deemed necessary, DVR Field Services Staff shall refer to Appendix D of the Hospital Facility Fee Schedule to acquire the correct amount to pay the hospital for the facility fee. If the provider does not include the "Facility Fee" as one of the

line items on the claim form, do NOT add the facility amount. All other services that are billed should be paid according to the RVP (Relative Values for Physicians) manual. Additional medical supplies or prosthetic devices furnished by the hospital are reimbursed separately when authorized by the treating physician. However, if such services are also billed by the treating physician, the counselor will need to determine which provider should be reimbursed before determining allowable fees.

### **2.2.2(b) Community Health Centers and Clinics**

Medical services may be purchased from federally designated qualified health centers, rural health clinics, community health centers, and community health clinics. Each such health agency will only be reimbursed for those services for which it is certified. Clinics performing laboratory services must be certified as clinical laboratories in accordance with the Colorado Department of Health Care Policy and Financing (HCPF).

A physician must provide medical supervision and guidance for clinic services provided by physician assistants and nurse practitioners. This means that a physician must be present at the clinic for sufficient periods of time to provide guidance, prepare medical orders, and review clinic services. The physician must also be available at all times, by direct means of communication, for advice and assistance on patient referrals and medical emergencies. A clinic operated by a nurse practitioner or physician assistant may satisfy these requirements through agreements with one or more physicians.

Rates of payment for clinic services are governed by the procedures in Chapter 1 in accordance with the type of treatment rendered and the type of provider. Rates of payment are determined by the individual directly providing the services, not by the individual supervising treatment. Only one office visit per day will be paid to a clinic for treatment of a specific condition, regardless of the types of procedures performed. If same-day services are needed after the first visit to treat an additional illness or injury, payment for an additional office visit may be made. Depending on a clinic's relationship with the treating practitioner, all services may be billed by the clinic or billing may be shared between the clinic and practitioner. In all cases, reimbursement for a service shall only be made to the treating practitioner or the clinic. If both entities bill for the same services, the counselor will need to determine which provider will be reimbursed.

### **2.2.2(c) Ambulatory Surgery Centers**

(Procedure code 14000-01)

An ambulatory surgery center (ASC) is a distinct entity which operates exclusively for the purpose of furnishing outpatient surgical procedures. An ASC may be part of a hospital; however, the building space constituting an ASC must be physically separated from any other health services offered by a hospital.

ASCs are entitled to a facility fee for outpatient surgical services. The use of an operating room, a recovery room, surgical instruments and medical supplies, nursing and other technical personnel services, blood products and services, materials for anesthesia, and related diagnostic services are included in the ASC facility fee. Physician services (including surgeon, assistant surgeon, anesthesiologist, and certified registered nurse anesthetist), durable medical equipment, surgically implanted prosthetics, and services furnished by a certified independent laboratory are paid for separately under the procedures identified in Chapter 1.

When services under this category are deemed necessary, DVR Field Services Staff shall refer to Appendix D to acquire the correct amount to pay the ambulatory surgery center for the facility fee. You will need to take the first CPT code on the claim form and then refer to the group sections to locate what group the CPT code is listed. After you find the correct group number, you will then refer to page 1 of Appendix D and locate the group number that will indicate the facility fee. Pay RVP rates for each CPT code billed on the claim form in addition to the Group Rate.

**NOTE:** if you cannot find the CPT code in any of the groups, do not pay a facility fee. Pay only the RVP rates for CPT codes.

### 2.2.3 Out-of-State Medical Facility Services

An individual may receive facility treatment services from out-of-state providers to the same extent as when furnished by in-state providers under one of the following conditions:

- Medical services are needed by an individual temporarily out of Colorado because of a medical emergency;
- Needed medical services are more readily available in the state where the individual is temporarily located;
- Out-of-state medical services are more accessible in areas adjacent to the Colorado border; or,
- It is more cost-effective to obtain medical services from an out-of-state provider.

Out-of-state treatment facilities must meet the same standards as those used in Colorado, and they must be licensed or certified in accordance with the licensure laws of the state in which they operate.

## 2.3 Invoicing

Final outpatient or inpatient treatment facility rates cannot be established until after a bill has been received and reviewed. This means that counselors will authorize for treatment facility services prior to service delivery based on the treating physician's treatment plan, the type of facility to be used, and the anticipated length of stay.

Bills for hospitalization or other treatment facility services must contain the following information (normally submitted on a UB-92 form):

- Patient name and SSN
- The hospital or clinic provider name, number, and type of facility
- Dates of hospitalization
- Inpatient or out-patient status
- Itemized billing for services
- The Diagnostic Related Grouping (DRG) for inpatient hospital services
- CPT code of treatment rendered for outpatient services

## Chapter 3: Medical Supplies and Equipment

### 3.1 Medical Supplies

(Procedure code 15201-01)

Whenever routine medical and surgical supplies are provided by the treating physician or by the facility in which treatment is conducted as part of the treatment protocol, payment is included in the fee for the physician or facility's services. Such supplies include absorbent pads or sponges, swabs, anesthetics, bandages and non-adherent dressings, gloves, oral medication, oxygen, saline for irrigation, suture supplies, syringes and needles, tongue blades, etc. When additional non-routine medical supplies or medical supplies for home-use are ordered by the treating physician, they may be purchased through the physician's office, pharmacies, medical supply dealers and companies, and/or discount retail outlets. The allowable rate of payment for medical supplies purchased from non-discount sources is **80%** of the usual and customary charge. However if the needed supplies are available from a discount outlet whose normal price is substantially lower than other sources, counselors may pay up to 100% of the usual and customary discount charge.

### 3.2 Durable Medical Equipment

(Procedure code 15701-01, 15702-01, 15706-01)

Durable medical equipment is equipment which can withstand repeated use and which generally does not have a value to the patient in the absence of an illness or injury. Durable medical equipment is normally available on a rental as well as purchase basis. Purchase of durable medical equipment, other than wheelchairs, are 80% of the usual and customary charge. In the rare instances that a hospital furnishes durable medical equipment to an individual for use in his or her home, the use of such equipment is considered part of the allowable hospital cost and does not warrant separate payment.

**NOTE:** See the Policy Manual on vendor selection for the purchase of wheelchairs and other adaptive equipment that must be customized to meet the client's. Customized adaptive equipment does not require the use of the formalized bid process.

#### 3.2.1 Rental and Repair of Durable Medical Equipment

When the need for medical equipment is temporary, such equipment shall be rented rather than purchased as long as it is cost-effective to do so. Repair of durable medical equipment shall be made at the lowest usual and customary rate, as long as it is cost-effective to do so.

## Chapter 4: Drugs and Medications

(Procedure code 15000-01)

### 4.1 Requirements

Medications must be prescribed by a licensed health care provider in good standing and in accordance with his or her licensure. Prescription medications, other than approved controlled substances being provided as part of a treatment program provided outside of a physician's office, may only be purchased from registered pharmacists, licensed in accordance with CRS 12-22 by the State Board of Pharmacy, pharmacies under the management of a licensed pharmacist, and/or drug outlets registered under CRS 12-22. Prescriptions may be dispensed by a pharmacy intern, also licensed by the State Board of Pharmacy as an intern, only when directly supervised by a licensed pharmacist.

### 4.2 Comparable Benefit

Everyone in Colorado is eligible for reduced price prescriptions using the Colorado Drug Card. Please go to [www.coloradodrugcard.com](http://www.coloradodrugcard.com) for more information. Other comparable benefits may be available through drug manufacturers and/or physician offices and should be explored for possible utilization.

### 4.3 Rates of Payment

DVR will pay for medications at usual and customary rates. DVR purchases generic drugs for prescription medications unless the brand name is specified by the prescriber with a designation of "Dispense as Written." The maximum amount of medication that may be authorized and purchased by DVR at one time is a 30-day supply or the actual prescribed amount, whichever is less. Purchase of drugs or medication for more than three months requires review and approval by a supervisor and re-assessment after each 3-month period. Counselors will make maximum effort to locate comparable benefits.

#### 4.3.1 Oral Medication

Oral medication administered in a physician's office is considered part of the physician's services and shall not be paid for separately.

#### 4.3.2 Injections

Injectable drugs administered in a physician's office are payable to the physician. Such injections are usually provided in conjunction with an Evaluation/Management service. Except for chemotherapy agents, payment for an injection includes the cost of medication, associated supplies, and administration. Any drug provided by the physician for the patient to self-administer or be given at home shall be purchased from a pharmacy.

#### 4.3.3 Controlled Substances

Methadone, LAAM, or other approved controlled substances may be purchased from a licensed drug and alcohol treatment program only when prescribed as part of the program's treatment protocol for the eligible individual. Approved programs must be licensed under the Colorado Department of Human Services, Office of Behavioral Health. The maximum payment DVR will provide licensed drug and alcohol treatment programs for approved controlled substances is the usual and customary fee charged by the program to other participants. No additional payment shall be made for the dispensing and/or administration of such medications. Prescription marijuana cannot be purchased.

## Chapter 5: Prosthetic and Orthotic Services

### 5.1 Requirements

Devices such as prosthetics and orthotic devices may be provided as necessary and appropriate to achieve an employment outcome.

### 5.2 Visual Prosthetic Devices

Visual services are provided to correct or modify a visual condition and to provide the individual with maximum visual acuity given impairment and functional limitations. Professional diagnostic and treatment services include the provision of ocular prostheses and aphakic corrective lenses.

Low vision evaluations may include an Evaluation and Management procedure (such as CPT codes 99205 or 99215) in addition to determination of refractive state (CPT code 92015). Low vision follow-up services should be reported using CPT code 99213. Allowable fees for such services depend on the type of provider and are determined in accordance with the procedures provided in Chapter 1 of the Fee Schedule.

#### 5.2.1 Corrective Lenses

(Procedure codes 18000-52, 18000-53, 18000-54, 18000-55, 18000-56, 18000-57, 18000-58, 18000-59, 18000-60, 18000-61, 18000-62, 18000-63, 18000-64, 18500-01, 18500-02, 18500-03, 18500-07, 18500-08, 18500-09)

Corrective lenses must be prescribed in writing by a physician or optometrist who is appropriately licensed and in good standing. Lenses may be purchased from physicians, optometrists, or optical outlets whose lenses are ground by or under the supervision of an optician certified by the American Board of Optometry.

#### 5.2.2 Eyeglasses

(Procedure codes 18000-01, 18000-65)

Corrective eyeglasses include spectacle-mounted single element or telescopic low vision aids. DVR does not provide designer frames or frames made out of specialized materials, such as advanced metal alloys. However, high index lenses may be provided for individuals whose distance refraction is greater than or equal to minus 7 (-7).

**NOTE:** Hand-held low vision aids are considered assistive technology devices and are governed by rates in Chapter 10 of the Fee Schedule.

In addition, DVR does not purchase the following types of lens features unless medically prescribed for a particular visual condition or for specific working conditions related to the individual's chosen vocational goal:

- Contact lenses
- Tinted lenses
- Photochromic lenses
- Scratch resistant lenses
- Lens hardening

### 5.2.2(a) Repair of Eyeglasses

(Procedure code 18006-01)

The maximum rate for the repair of eyeglasses is the lowest available usual and customary charge.

DVR has established a structure for allowable fees for the purchase of eyeglasses and contact lenses that is not based on the RVP procedures due to the wide variation of availability and cost across the State. Counselors, however, still should purchase glasses "at the least possible cost," regardless of the maximum fee established in the Fee Schedule, and document the need in the service record.

Some vision prescriptions may not fall into one of the routine categories. In such cases, the counselor will use the maximum fees listed as the base rates and have the dispensing optician specify the additional costs required to fill the ophthalmologist/optometrist's prescription.

<b>Corrective Eyeglasses</b>	Single Lens	Pair of Lenses
Frames	\$82.25	\$82.25
Single Vision	\$46.75	\$93.50
Bifocal	\$70.55	\$141.10
Trifocal	\$81.20	\$162.40
High Index*	\$55.58	\$111.16
Transition*	\$51.06	\$102.12
Progressive*	\$113.85	\$227.71

\*These amounts are added to the cost of the glasses if medically prescribed for a particular visual condition or for specific working conditions related to the individual's chosen vocational goal.

<b>Contact Lenses</b>	
Standard Hard Lenses	\$190
High Rx	\$190
Keratoconic	\$220
Toric (3 month supply)	\$189.21-\$1498.98
Soft Lenses (3 month supply)	\$37.50

The maximum allowable fee for contact lenses is the lower of the rates identified above or the actual billed charge.

### 5.2.3 Ocular Prostheses and Intraocular Lenses

(Procedure codes 16500-01, 16500-02, 16500-03, 16500-04, 16500-05, 16500-06, 16500-07, 16500-08, 16500-09, 16500-10)

Payment for ocular prostheses and intraocular lenses provided by the treating physician or the treatment facility follow the procedures outlined in Chapter 1. However, ocular prostheses provided by a prosthetist are identified by HCPCS codes V2623-2632.

Ocular prostheses are identified by HCPCS codes, and those in the following table may be purchased by DVR. Glass and plastic stock eyes are no longer provided. In addition, glass

custom eyes are only prescribed in cases where a previous glass eye is being replaced. Glass custom eyes are not available in the United States and must be purchased from Germany.\*

<b>HCPCS code</b>	<b>Ocular Prosthesis</b>	<b>Allowable Fee</b>
V2623	Prosthetic eye, plastic custom	\$905.68
V2624	Polishing/resurfacing ocular prosthesis	\$73.83
V2626	Enlargement of ocular prosthesis	\$190.23
V2627	Reduction of ocular prosthesis	\$1596.47
V2628	Fabrication/fitting of ocular conformer*	\$386.80
V2629	Prosthetic eye, other**	\$1,792.43 - \$2,581.25
	Glass custom eye	\$826 - \$1,032.50
V2630	Anterior chamber intraocular lens	\$113.49
V2631	Iris supported intraocular lens	\$113.49
V2632	Posterior chamber intraocular lens	\$113.49

\* Used as initial prosthesis following surgery

\*\* Used when the injury is more severe and requires special or additional construction to fit the deformity.

The maximum allowable fee for an ocular prosthesis is the lower of the rates identified above or the actual billed charge.

### 5.3 Other Prosthetic Devices

(Procedure code 16500-11)

Medical prescriptions from qualified providers are required for prosthetic devices. Prosthetic and other medically-prescribed items necessary to implement a physical restoration plan may be purchased without use of the State bid process.

Prosthetics will be purchased at usual and customary rates.

### 5.4 Orthotic Devices

(Procedure code 16850-01)

Orthotics devices are designed, developed, fitted and manufactured to support or correct musculoskeletal deformities and/or abnormalities. Medical prescriptions from qualified providers are required for orthotic devices. Orthotic and other medically prescribed items necessary to implement a physical restoration plan may be purchased without use of the State bid process.

Orthotic devices will be purchased at usual and customary rates.

## Chapter 6: Dental Restoration Services

### 6.1 Requirements

Dental restoration services are only provided to correct or modify a dental condition that creates a substantial vocational impediment, or which, in connection with other conditions, has resulted or is likely to result in barriers to employment. Dental services shall only be provided by dental practitioners licensed under CRS 12-35-109 by the State Board of Dental Examiners. The scope of services provided by licensed dentists and dental hygienists is limited to that allowed under their specific licensure provisions.

Preventative dental services and treatment of dental difficulties in acute states are normally outside the scope of vocational rehabilitation services authorized under the Rehabilitation Act of 1973, as amended. The provision of dentures or orthodontic services is likewise limited to those necessary for the individual to become employed in his or her chosen employment goal.

**NOTE:** New technologies in dental restoration, such as dental implants, offer an outcome that may last longer than other restoration alternatives, however, the cost is rarely the least possible cost. Once the rehabilitation counselor has determined that dental restoration services are necessary and appropriate for the client to obtain or maintain employment, the rehabilitation counselor must select the dental restoration treatment service(s) that is least possible cost.

### 6.2 Diagnostic Dental Services

(Procedure codes 01200-01, 01300-03, 01300-04, 01300-05, 01300-06, 01300-07, 01300-08, 01300-09, 01300-10)

When necessary to establish eligibility and to determine the individual's vocational rehabilitation needs, the counselor will obtain a dental evaluation (and x-rays, if indicated). The general dentist will usually include procedures unrelated to the vocational impediment as part of a comprehensive treatment plan. Therefore, it is particularly important that the DVR limitations placed on the purchase of dental work be made available to the dentist at the time of evaluation.

### 6.3 Dental Consultation

(Procedure code 01950-01)

A dentist who is a DVR vendor may review proposed treatment plan(s), if needed.

### 6.4 Dental Treatment Services

(Procedure codes 11200-01)

### 6.5 Orthodontic Treatment Services

(Procedure codes 01250-01, 11250-01)

## 6.6 Dental X-Rays or Lab Required for Restoration

(Procedure codes 11300-03, 11300-04, 11300-05, 11300-06, 11300-07, 11300-08 11300-09, 11300-10)

Dental Procedure		Allowable Fee
Initial Oral Examination		\$60.00
Radiographs	Complete intraoral, includes bitewings	\$99.00
	Periapical intraoral, first film	\$22.00
	Periapical intraoral, each additional	\$22.00
	Occlusal intraoral	\$22.00
	Panoramic film	\$99.00
	Single Bitewings, first	\$22.00
	Bitewings--two films	\$33.00
	Bitewings--four films	\$52.00

Payment for dental treatment services is paid at the usual and customary rates.

## Chapter 7: Non-Medical Assessment Services

Assessment can be provided for determining eligibility, severity of disability, and vocational rehabilitation needs.

### 7.1 Vocational Evaluation

#### 7.1.1 Standardized Vocational Evaluation

(Procedure codes 08000-01, 08000-02)

Type of vocational evaluation utilizing formalized testing tools and standard protocols. Standardized vocational evaluations typically involve the use of formalized normed work samples, such as the Valpar written test, etc. A standardized vocational evaluation must be conducted by an individual who is qualified to administer the standardized assessment tools.

Payment for a Comprehensive Evaluation

- 10+ hours of direct consumer assessment
- Up to \$520.00
- Covers all costs for the assessment, including preparation of a written evaluation report

Payment by the Hour

- 1-9 hours of direct consumer assessment
- Up to \$52.00 per hour
- Covers all costs for the assessment, including preparation of a written evaluation report

#### 7.1.2 Situational Assessment (SA)

This is assessment of work behaviors, interpersonal skills, and job-related skill levels for purposes of establishing eligibility, providing Trial Work Experience (TWE), or developing an Individualized Plan for Employment (IPE). They may take place in community-based settings, including real-life work settings and transitional employment settings, or in facility-based settings, such as community rehabilitation program facilities. Situational assessments may be used for supplemental evaluations.

Typically, all SAs are provided one-on-one. However, DVR will allow for payment to be made when the service is being provided simultaneously to multiple individuals as follows:

- 1-3 individuals - 100% of identified direct service one-on-one rate per individual
- 4-6 individuals - 50% of the identified direct service one-on-one rate per individual

##### 7.1.2(a) Facility-Based SA

(Procedures codes 08150-01, 08150-02, 08150-03, 08150-04)

Assessment is provided in a community rehabilitation program, clubhouse, etc. and cannot exceed two full months.

Monthly Payment Rate

- Full month of service (30+ hours) of direct consumer service is provided
- Up to \$630.00
- Covers all costs for the assessment, including preparation of a written evaluation report

#### Payment for Partial Months

- 1-29 hours
- Up to \$21.00 per hour of direct consumer assessment time
- Covers all costs for the assessment and preparation of monthly written reports

#### *7.1.2(b) Community-Based SA*

(Procedure code 08100-01, 08100-02, 08100-03, 08100-04)

Assessment is provided at job sites in the community and can be used for work experiences, job shadowing, and/or supplemental evaluations.

#### Monthly Payment Rate

- Full month of service (30+ hours) of direct consumer service is provided
- Up to \$1,230.00
- Covers all costs for the assessment, including preparation of a written evaluation report
- Payment for Partial Months
- 1-29 hours of direct on-site consumer service provision
- Up to \$41.00 per hour of on-site assessment time
- Covers all costs for the assessment, including preparation of monthly written reports

#### *7.1.2(c) Standard 2-Week Community-Based Situational Assessment*

(Procedure code 08100-05)

Rather than providing an individual with uniquely designed situational assessment services, a standard 2-week situational assessment uses standardized protocols and practices for all participating individuals.

#### Payment Rate

- Up to \$630.00
- Covers all costs for the assessment, including preparation of a written evaluation report

#### *7.1.2(d) Job Site Evaluation*

(Procedure code 08100-06)

Limited community-based SA that consists of observing an individual on a specific job to determine if the particular job and/or work setting are appropriate for the individual and what accommodations may be needed.

#### Payment Rate

- Up to \$41.00 per hour of direct, on-site consumer observation
- Covers all costs for the assessment, including preparation of monthly written reports
- Maximum of three hours

#### *7.1.2(e) Farm/Ranch Evaluation*

(Procedure code 08100-08)

An on-site evaluation of an individual's skills, behaviors and needs in areas related to employment in production agriculture. This may include AgrAbility services.

#### Payment Rate

- \$61 per hour
- Includes written reports, vendor travel, training and consultation of the consumer, and additional consultation and technical support, as necessary

### 7.2 Payment to Employers for Use of a Work Site/Location

(Procedure codes 08107-01, 08107-02)

Payment to an employer when the employment setting provides an integrated, competitive work environment, the individual's performance provides no net benefit to the employer, and the employer is not being paid by DVR to provide any other service to the individual.

#### Monthly Payment Rate

- 30+ hours of onsite time per month
- Up to \$540.00/month
- Maximum of two months

#### Payment for Partial Months

- 1-29 hours per month
- Up to \$18.00 per hour
- Maximum of two months

### 7.3 Community-Based Site Set Up

(Procedure code 27050-01)

Payment to a vendor for finding, developing, and securing a new community-based site for adjustment training, assessments, evaluations, paid work experience, or trial work experience. This is a one-time site development fee, which is only paid if the site is successfully secured. If an agency already has an established site, payment will not be made.

#### Payment Rate

- Up to \$52.00 per hour
- Maximum of two hours (\$104.00)

### 7.4 Personal Adjustment Evaluation

A personal adjustment evaluation is an individualized and systematic process to evaluate an individual's skills, behaviors, and needs in the areas of independent living, communications, homemaking, mobility, orientation and community travel, and personal functioning.

Typically, all Personal Adjustment Evaluations are provided one-on-one. However, DVR will allow for payment to be made when the service is being provided simultaneously to multiple individuals as follows:

- 1-3 individuals - 100% of identified direct service one-on-one rate per individual
- 4-6 individuals - 50% of identified direct service one-on-one rate per individual

#### 7.4.1 Personal Adjustment Evaluation for Persons with Disabilities Other Than Visual Impairments, Facility-Based

(Procedure codes 08250-01, 08250-02, 08250-03, 08250-04)

Evaluation is typically provided in a community rehabilitation program, clubhouse, independent living center, or residential facility.

##### Monthly Payment Rate

- 30+ hours of direct consumer service provision in a month
- Up to \$480.00
- Covers all costs for the assessment, including preparation of a written evaluation report
- Maximum of two months

##### Payment for Partial Months

- 1-29 hours of direct consumer service provision
- Up to \$16.00 per hour
- Covers all costs for the evaluation and preparation of monthly written reports
- Maximum of two months

#### 7.4.2 Personal Adjustment Evaluation for Persons with Disabilities Other Than Visual Impairments, Community-Based

(Procedure codes 08200-01, 08200-02, 08200-03, 08200-04)

Evaluations provided at an individual's home or in community environments.

##### Monthly Payment Rate

- 25+ hours of direct on-site consumer service provision
- Up to \$650.00
- Maximum of two months
- Covers all costs for the assessment, including preparation of a written evaluation report

##### Payment for Partial Months

- 1-24 hours of direct on-site consumer service provision
- Up to \$26.00 per hour
- Covers all costs for the assessment including preparation of monthly written reports
- Maximum of two months

#### 7.4.3 Personal Adjustment Evaluation for Persons with Visual Impairments, Facility-Based

(Procedure codes 08350-01, 08350-02, 08350-03, and 08350-04)

Evaluation for an individual who is blind is typically provided in a community rehabilitation program, clubhouse, independent living center, or residential facility.

##### Monthly Payment Rate

- 30+ hours of direct consumer service provision
- Up to \$630.00
- Covers all costs for the assessment, including a rehabilitation teaching evaluation, a mobility evaluation and preparation of a written evaluation report

#### Payment for Partial Months

- 1-29 hours of direct consumer service provision
- Up to \$21.00 per hour
- Covers all costs for the evaluation including a rehabilitation teaching evaluation and a mobility assessment, and preparation of monthly written reports

#### 7.4.4 Personal Adjustment Evaluation for Persons with Visual Impairments, Community-Based

(Procedure codes 08300-01 08300-02, 08300-03, and 08300-04)

Evaluations are provided at an individual's home or in community environments.

#### Monthly Payment Rate

- 25+ hours of direct on-site consumer service provision
- Up to \$775.00
- Covers all costs for the assessment, including a rehabilitation teaching evaluation, a mobility assessment, preparation of a written evaluation report

#### Payment for Partial Months

- 1-24 hours of direct on-site consumer service provision
- Up to \$31.00 per hour

Covers all costs for the assessment, including a rehabilitation teaching evaluation, a mobility assessment, and preparation of a written evaluation report

#### 7.4.5 Orientation & Mobility Evaluation

(Procedure code 08370-01)

#### Payment Rate

- \$57.00 per hour
- Covers all costs for the assessment, including preparation of a written evaluation report
- Can ONLY be provided one-on-one

#### 7.5 Rehabilitation/Assistive Technology Evaluation

(Procedure code 08400-02)

Rehabilitation/Assistive technology assessments are provided to identify the assistive technology devices, assistive technology services, and/or rehabilitation engineering services that are necessary for the individual to participate in vocational rehabilitation evaluations and Individualized Plan for Employment. Assistive technology assessments are a type of rehabilitation technology evaluation, and its focus is limited to assessing an individual's need for assistive technology devices.

#### Payment Rate

- Up to \$545.00 of direct consumer assessment
- Covers all costs for the assessment, including preparation of a written evaluation report

### 7.5.1 Adaptive/Specialized Driving Evaluation

(Procedure code 08450-01)

Evaluations conducted to determine if the consumer is able to drive with or without the use of adaptive driving equipment. This may include a vehicle evaluation to determine if the individual is able to drive the vehicle using the recommended adaptive equipment. Specialized driving evaluations are necessary when the disability-related needs of the individual cannot be assessed by a non-specialized driving instructor. All adaptive/specialized driving evaluations must be completed by a Certified Driver Rehabilitation Specialist (CDRS).

#### Payment Rate

- Up to \$140.00 per hour of direct consumer assessment
- Covers all costs for the assessment, including preparation of a written evaluation report

## 7.6 Occupational Testing and Exams

(Procedure code 08903-01)

The payment rate for occupational testing and exams is the usual and customary rates charged to other individuals or entities.

## 7.7 Requests for Background Checks, Transcripts, and Vocational Reports

### 7.7.1 Background Checks

(Procedure code 08903-03)

The payment rate for background checks is the usual and customary rates charged to other individuals or entities.

### 7.7.2 Transcripts

(Procedure code 08943-01)

The payment rate for transcripts is the usual and customary rates charged to other individuals or entities.

### 7.7.3 Copies of Vocational Reports

(Procedure codes 01999-01, 01999-02, 01999-03, 01999-04, 01999-05, 01999-06, 01999-07)

#### Payment Rate

- Up to \$18.53 for pages 1-10
- \$.85/page for pages 11-40
- \$.57/page for pages 41+
- Additional \$10.50 for reviewing and/or editing in-file information prior to copying, if necessary
- Up to \$42.00 for a narrative vocational report based on in-file information (rate applies only if report alone is requested)
- \$1.50/page for records copied from microfilm
- \$25.00 for copies provided on a CD or at the above rates, whichever is less

## Chapter 8: Training Services

### 8.1 Community-Based Site Set-Up Fee

(Procedure code 27050-01)

Payment to a vendor for finding, developing, and securing a new community-based site for adjustment training, assessments, evaluations, paid work experience, or trial work experience.

#### Payment Rate

- \$52.00 per hour, up to two hours (maximum \$104.00)
- One-time, paid only if site is successfully secured
- No payment for previously established site

### 8.2 Payment to Employer for Use of a Work Site/Location

(Procedure codes 08107-01, 08107-02)

Payment made to an employer for allowing DVR to use a work site for adjustment training, assessments, evaluations, paid work experience, or trial work experience only when the applicant's or eligible individual's work performance provides no net benefit to an employer and no other service is being purchased from the employer for the individual.

#### Monthly Payment Rate

- 30+hours of onsite time
- Up to \$540.00/month
- Cannot exceed two months

#### Payment Rate for Partial Months

- Less than 30 hours per month
- Up to \$18.00 per hour
- Cannot exceed two months

### 8.3 Assistive Technology

Separate payment can be made for the purchase of assistive technology devices necessary for individual to participate.

### 8.4 Adjustment Training

Adjustment training encompasses Work Adjustment Training (WAT), Personal Adjustment Training (PAT), as well as other important services that are sub-sets of WAT and PAT.

#### 8.4.1 Work Adjustment Training (WAT)

Work adjustment training is provided to help individuals with disabilities adjust behavior and/or develop compensatory skills in vocational areas, such as peer work relationships, supervisory work relationships, general work behaviors and expectations, and work habits. Includes training to improve an individual's interpersonal skills to the degree necessary to engage in employment. WAT is provided to individuals in integrated community settings to the maximum extent possible.

#### **8.4.1(a) Facility-Based WAT**

(Procedure codes 21050-01, 21050-02)

Facility-based WAT is provided directly to the individual at a community rehabilitation program, clubhouse, etc.

##### **Monthly Payment Rate**

- 30+ hours of direct individual instruction
- Up to \$630.00/month
- Covers all costs for WAT, including preparation of periodic written reports

##### **Payment Rate for Partial Months**

- 1-29 hours of direct individual instruction
- Up to \$21.00 per hour
- Covers all costs for WAT, including preparation of periodic written reports

#### **8.4.1(b) Community-Based WAT**

(Procedure codes 21000-1, 21000-2, 21000-3, 21000-4)

This is WAT provided directly to the individual on-site at real work or transitional employment sites, etc. in the community.

##### **Monthly Payment Rate**

- 30+ hours
- One-to-One: Up to \$1,230.00
- Group Settings: Up to \$600.00/individual
- Covers all costs for WAT, including preparation of periodic written reports

##### **Payment Rate for Partial Months**

- 1-29 hours
- One-to-One: Up to \$41.00 per hour
- Group Settings: Up to \$20.00 per hour, per individual
- Covers all costs for WAT, including preparation of periodic written reports

#### **8.4.1(c) Standard 2-Week Community-Based WAT**

This WAT features standardized protocols and practices for all participating individuals.

##### **Payment Rate**

- Up to \$630.00
- Covers all costs for the training, including preparation of periodic written reports

#### **8.4.2 Personal Adjustment Training (PAT)**

This is training provided to help individuals with disabilities develop compensatory skills and/or to adjust behavior in the areas of independent living, communications, homemaking, personal mobility and ability to travel in the community, and personal functioning.

#### ***8.4.2(a) Facility-Based PAT for Persons with a Disability Other than Visual Impairment***

(Procedure codes 21250-1, 21250-2)

Facility-based PAT is provided directly to individual, typically in a community rehabilitation program, clubhouse, independent living center, or residential facility.

##### **Monthly Payment Rate**

- 30+ hours of direct individual service provision
- Up to \$480.00/month
- Covers all costs for the training, including preparation of periodic written reports and the provider's normal travel
- Includes use of assistive technology devices necessary for the individual to participate in the training program

##### **Payment Rate for Partial Months**

- 1-29 hours of direct individual service provision
- Up to \$16.00 per hour—covers all costs for the training
- Covers all costs for the training, including preparation of periodic written reports and the provider's normal travel
- Includes use of assistive technology devices necessary for the individual to participate in the training program

#### ***8.4.2(b) Community-Based PAT for Persons with a Disability Other than Visual Impairment***

(Procedure codes 21200-01, 21200-2)

Community-based PAT is provided directly to individual at individual's home or other community site.

##### **Monthly Payment Rate**

- 25+ hours of direct on-site instruction
- Up to \$680.00
- Covers all costs for instruction, including preparation of monthly written reports and the provider's travel to sites within the provider's normal service delivery area

##### **Payment Rate for Partial Months**

- 1-24 hours of direct on-site instruction
- Up to \$26.00 per hour
- Covers all costs for instruction, including preparation of monthly written reports and the provider's travel to sites within the provider's normal service delivery area

#### ***8.4.2(c) Transportation Training, PAT (Other than VI)***

(Procedure codes 21370-02)

Transportation training is instruction to help a consumer develop or re-learn skills and concepts to travel safely and independently within the home and the community.

#### Payment Rate

- \$26.00 and can ONLY be provided one-on-one
- Covers instructional costs for all components of transportation training, including preparation of periodic written reports

#### *8.4.2(d) Facility-Based PAT for Persons with a Visual Impairment*

(Procedure code 21350-01)

PAT provided directly to individual with visual impairment, typically in a community rehabilitation program, clubhouse, independent living center, or residential facility.

#### Monthly Payment Rate

- Up to \$4000.00
- Includes all costs required for rehabilitation teaching, orientation and mobility, communications training, braille instruction, daily living skills training, basic computer orientation, home maintenance instruction, instruction in personal management, social development, self-esteem building, and adjustment to blindness
- Includes the use of assistive technology devices necessary for the individual to participate in the training program
- Covers costs associated with the preparation of periodic written reports and the provider's travel within the provider's normal service delivery area

#### *8.4.2(e) Community-Based PAT for Persons with a Visual Impairment*

(Procedure codes 21300-01, 21300-02)

PAT provided directly to individual with visual impairment at individual's home or other community site.

#### Monthly Payment Rate

- Full month of service provision (25+ hours of direct on-site instruction)
- Up to \$770.00/month
- Covers instructional costs for all components of a rehabilitation teaching program and/or mobility training, including the preparation of periodic written reports

#### Payment Rate for Partial Months

- 1-24 hours of direct on-site individual service provision
- Up to \$31.00 per hour
- Covers instructional costs for all components of a rehabilitation teaching program and/or mobility training, including preparation of periodic written reports

### **8.5 Orientation & Mobility Training**

(Procedure codes 21370-01, 21370-02)

Orientation & Mobility Training is instruction to help a consumer develop or re-learn skills and concepts to travel safely and independently within the home and the community.

#### Payment Rate

- \$57.00 and can ONLY be provided one-on-one
- Covers instructional costs for all components of orientation and mobility training, including preparation of periodic written reports

## 8.6 Communication Skills Training

(Procedure codes 21500-01, 21500-03, 21500-04)

Specialized visual, auditory or sign language communication training needed by an individual with a disability to communicate with others.

### Payment Rate

- One-to-One Instruction - up to \$26.00 per hour
- Adult Learning Programs - the lowest available usual and customary tuition rate charged to other individuals and entities

## 8.7 Cognitive/Learning Disabilities Training

(Procedure codes 21600-01, 21600-02)

Training in the development of cognitive skills to improve attention, memory, and problem solving. Maximum rate of payment determined by using RVP procedures.

Payment Rate: Up to \$78.30 per quarter hour

## 8.8 On-the-Job Training (OJT)

(Procedure codes 27300-01, 27300-02, 27300-03, 27300-04)

OJT is job skill training provided by the employer in an employment setting after placement has been secured with the clear expectation that employment in the same or a similar job for the employer will continue if training is successful. The training fee paid to the employer by DVR is designed to offset the employer's costs for lost productivity while training the consumer to perform job duties satisfactorily. Reimbursement to the employer covers shifts where the consumer is present and does not include sick, personal, or holiday leave. All on-the-job training arrangements will be documented using DVR's On-the-Job Training document.

### 8.8.1 Requirements

- Individuals must be compensated by the employer at the usual and customary wages for the required skill level and type of position in which the individual is placed.
- Typical training period shall not exceed three months. When three months of on-the-job training is insufficient to permit the consumer to develop the skills necessary to perform the job duties satisfactorily, the counselor may approve additional months of training in 1-month increments. For each additional month approved, a new OJT Agreement must be developed. The total number of months of on-the-job training shall not exceed six months.
- Payment includes written monthly training reports from the employer that identifies, at a minimum, the training content and skills taught during the month and the degree of mastery demonstrated by the consumer.
- On-the-Job-Training is not to be used with other DVR incentives such as Paid Work Experience or Employment Stipend.

Payment is made to the employer in accordance with the individual's wages during the training period.

#### Monthly Payment Rate

- First month cannot exceed 75% of the individual's salary or wage
- Second month cannot exceed 50% of the individual's salary or wage
- Third month cannot exceed 25% of the individual's salary or wage

## 8.9 Registered Apprenticeship Training

(Procedure code 27500-01)

**NOTE:** Variation from the payment schedule outlined above is permitted if justified. However, payment for any month cannot exceed 75% and the total payments for the term of the OJT Agreement cannot be more than 50% of the individual's salary or wage.

Work-based employment and training program that combines hands-on, on-the-job work experience in a skilled occupation with related classroom instruction. Structured apprenticeship programs generally have requirements for the duration of on-the-job work experience and classroom instruction, and/or could utilize competency-based elements but should have mechanisms in place to ensure quality and consistency of skills acquisition.

### 8.9.1 Requirements

The following elements distinguish apprenticeship programs from other work-based learning including OJT and internships:

- Supervision and structured mentoring;
- Providing wage increases as an apprentice's skills increase;
- Employer-employee relationship; and
- Industry recognized certificate of completion of the program.

## 8.10 Paid Work Experience (PWE)

(PWE, Procedure code 27600-02)

PWE is training provided in a competitive and integrated employment setting in which the recipient of the service performs real work while receiving wages for all time spent on the job. (For Job Seeking Skills Training and Job Coaching, see Chapter 14, "Job Search and Placement Services")

### 8.10.1 Requirements

Paid Work Experience must result in at least one of the following outcomes for the client:

- Acquisition of occupational skills
- An opportunity to demonstrate competitive employment skills
- An opportunity to try-out employment accommodations
- Completion of an internship or externship, which culminates in the receipt of an occupational or academic degree, certificate, or endorsement
- Work experience in an employment field or occupational area
- Acquisition of current work history
- Vendor handles every aspect of the payroll administrative process from implementing time keeping to delivery of paychecks

- Vendor assumes all legal obligations for the trainee, including issuing wages earned, calculating and withholding payroll deductions, and providing unemployment insurance and worker's compensation coverage
- Vendor compensates client at prevailing a competitive wage

#### 8.10.2 Purchasing Procedures

- DVR staff person identifies an employer who is willing to provide a Paid Work Experience for a client
- DVR staff person contacts a registered Paid Work Experience vendor and provides them the client's information needed for the vendor's payroll services. The vendor will supply the occupational title and job duties the client will perform, the beginning and ending dates and the work schedule.
- DVR issues the Authorization for Service.
- Approval or denial of payment will be made within three business days after receipt of the Progress Report and Invoice

#### 8.10.3 Payment Rate

The higher of either the prevailing market wage, or the state or federal minimum wage, in 15-minute increments plus up to 35% for payroll and expenses incurred by the payroll agency, at a site in a community setting (non-facility based). The market wage is the same wage as is paid to a person without a disability.

#### 8.10.4 Restrictions

- Individuals receiving Paid Work Experience are limited to no more than two placements without DVR supervisory approval.
- An employer may provide up to four Paid Work Experience opportunities without hiring a client per year.
- Paid Work Experience shall not exceed 160 hours without supervisory approval.
- Paid Work Experience is not to be used with other DVR incentives such as On-the-Job-Training or Employment Stipend.
- DVR clients who receive Paid Work Experience are NOT employees of the State of Colorado, the Department of Labor and Employment, or the Division of Vocational Rehabilitation. They are temporary employees of the vendor.

### 8.11 BEP Training

Training and consultation necessary to operate a small business through the Randolph-Sheppard Act and individualized training through DVR's Business Enterprise Program.

#### 8.11.1 BEP Skills Training & Materials

(Procedure code 23500-01)

General skills training, such as ServSafe certification, Hadley Business Enterprise training, or other on-line relevant skills training, and associated training materials required for a client to operate a BEP food service location, vending route, or other small business location.

### 8.11.2 BEP Specialty Training & Consultation

(Procedure code 23500-02)

Specialized skill training or consultation necessary to operate a BEP food service location or vending route. Training and consultation is technical in nature addresses the unique needs of the client and/or unique circumstances of the business being established, rather than simply the general BEP skills training required of all operators.

#### Payment Rate

- Up to \$50.00 per hour
- Maximum of 30 hours

### 8.11.3 BEP Payment to Operator for Use of Location

(Procedure code 23500-03)

Payment made to a BEP operator for allowing DVR to use a work site for BEP Skills Training or necessary assessment when the participant's work performance provides no net benefit to the operator and there are no other services being purchased from the operator for the individual.

#### Monthly Payment Rate

- 30+hours of onsite time
- Up to \$540.00 per month
- Cannot exceed two months

#### Payment Rate for Partial Months

- Less than 30 hours per month
- Up to \$35 per day
- Cannot exceed two months

## 8.12 Educational and Training Institutions

### 8.12.1 Duration of Training

- DVR support for an individual to obtain a GED shall not exceed one year unless the provision of reasonable accommodations for the documented disability requires an extended time.
- DVR support for remedial classes shall not exceed three remedial classes. DVR will not pay for repetition of a remedial course.
- DVR support for technical, vocational or certification coursework (not resulting in a degree) shall not exceed two years.
- DVR support for an Associate's degree shall not exceed three years.
- DVR support for a Bachelor's degree shall not exceed six years.
- DVR may support up to three years of training beyond a Bachelor's degree for the acquisition of a post-graduate degree, with regional supervisory approval.
- An exception may be provided for any of the above timeframes if necessary to address the individual's unique circumstances with supervisory approval.

#### 8.12.4 Tutorial Services

(Procedure codes 26800-01, 26800-02)

One-to-one specialized instructional services provided most often in educational settings to help individual gain knowledge and skills in a specific subject area may be provided to supplement a course of formalized academic or vocational training or to remediate an individual's knowledge or skill deficit in a particular area.

##### 8.12.4(a) Non-Technical Tutoring Payment Rate

- Up to \$16.00 per hour
- Cannot exceed the fees typically charged to other individuals or entities for commensurate services
- Covers all costs of the training, including periodic report writing

##### 8.12.4(b) Technical Tutoring Payment Rate (e.g. computer programming, advanced engineering, advanced mathematics)

- Up to \$40.00 per hour
- Cannot exceed the fees typically charged to other individuals or entities for commensurate services
- Covers all costs of the training, including periodic report writing

#### 8.12.5 Vocational, Trade, and Business School

(Procedure codes 22100-02, 22300-02, 23000-01, 23300-02)

This is training to teach an individual the skills necessary to perform the tasks of a specific job. DVR pays the usual and customary tuition rates charged to other individuals and entities when paying for programs provided by vocational, trade, and business schools.

#### 8.12.6 College or University

This is training provided to develop verbal, numerical, and abstract reasoning abilities as well as to develop skills for a specific occupation or profession. Includes programs that grant degrees at the Associate's level or higher.

For college programs, DVR will not finalize provision of training services in an institution of higher education until the individual's financial aid award status is determined and documented in accordance with the timelines governing financial aid award decisions at the chosen training facility. All financial awards must be applied to the required training expenses prior to determination of the amount that DVR will pay.

##### 8.12.6(a) Colorado Colleges and Universities

(Procedure codes 22100-04, 22100-03, 22100-02, 23100-01)

Usual and customary tuition rates charged to other individuals and entities purchasing post secondary college programs from in-state colleges and universities.

##### 8.12.6(b) Colorado Private Colleges and Universities

When the documented vocational rehabilitation needs of the individual necessitates training in a private college or university, DVR pays the usual and customary tuition rates charged to other individuals and entities when purchasing post-secondary college programs from private colleges and universities.

### ***8.12.6(c) Private and Out-of-State Colleges and Universities***

(Procedure codes 22300-04, 22300-03, 22300-04, 23300-01)

When an individual chooses an out-of-state or private college or university and there are other appropriate and less costly alternatives that meet the individual's documented vocational rehabilitation needs within Colorado, DVR will not be responsible for any costs in excess of the cost of public training available in-state. This includes, but is not limited to, costs for transportation, maintenance, non-resident tuition, etc. (DVR Policy 12.24.2).

### ***8.12.6(d) Out-of-State Public Colleges and Universities***

When the documented vocational rehabilitation needs of the individual necessitates out-of-state training, DVR pays the usual and customary non-resident tuition rates charged to other individuals and entities when purchasing post-secondary college programs from out-of-state public colleges and universities.

### ***8.12.7 High School Equivalency Exam (GED, HiSET, TASC)***

Educational services provided on a one-to-one basis or through a specialized adult learning program to help an individual prepare for obtaining their GED.

#### ***8.12.7(a) One-to-One Instruction***

(Procedure code 22750-01)

##### **Payment Rate**

- Lowest available usual and customary tuition rate charged to other individuals and entities
- Up to \$16.00 per hour

#### ***8.12.7(b) Instruction through Adult Learning Programs***

(Procedure code 22750-02)

##### **Payment Rate**

- Lowest available usual and customary tuition rate charged to other individuals and entities.
- Up to \$150.00

### ***8.12.2 Books, Supplies, & Other Training Materials***

(Procedure code 26001-01)

Non-adaptive books, supplies, and other materials necessary for the individual to participate in academic or vocational training program, purchased at the lowest available usual and customary rates.

DVR purchases used books when they are available and adequate to meet the individual's training and employment needs.

DVR will rent or lease equipment when rental or leasing is adequate to meet the individual's training needs unless the total rental or lease costs exceed purchase costs.

### 8.12.3 Non-Adaptive Training Equipment

(Procedure codes 26501-01, 26502-01, 26506-01)

Equipment necessary for the individual to participate in an academic and vocational training program, purchased at the lowest available usual and customary rates.

DVR will rent or lease equipment needed for training programs when rental or leasing is adequate to meet the individual's training needs unless the total rental or lease costs exceed purchase costs.

### 8.13 Other Skill Training

(Procedure code 23800-01)

Refers to vocational training provided by a community rehabilitation program, an individual, or any other entity not previously identified as a training service provider that is part of an organized, formal training program, which equips an individual with skills necessary to perform the tasks of a specific job or a family of jobs.

#### Payment Rate

- Lowest available usual and customary rate charged to other individuals and entities
- Covers instructional costs for all components training, including preparation of periodic reports

### Driver's Training

(Procedure code 27400-01)

Non-specialized driver's education will be purchased from existing community programs serving the general public at the lowest available usual and customary rates not to exceed fees charged to other individuals and entities.

### Adaptive or Specialized Driver's Training

(Procedure codes 27450-01, 27450-02)

Specialized driver's training, with or without adaptive equipment necessary to accommodate an individual's disability is paid for at usual and customary rates for one-to-one training time.

Hourly payment covers all costs for the instruction including preparation of periodic written reports.

## Chapter 9: Communication Services

(Reviewed February 2016)

A service provider who is qualified as an interpreter may provide interpreter services with other services to the same client, but may not bill separately for simultaneously providing other services.

Translating written English to another language is not billable at the interpreter rate. In some scenarios, it may be necessary to hire a separate interpreter.

### 9.1 Certified Interpreter, Certified Deaf Interpreter, Communication Assistant, and Deaf Communication Assistant Services

Per the Consumer Protection Act, Article 6, specifically section 6-1-707(1)(e), <https://leg.colorado.gov/sites/default/files/images/olls/crs2016-title-06.pdf>:

*6-1-707. Use of title or degree -- deceptive trade practices. (1) A person engages in a deceptive trade practice when, in the course of such person's business, vocation, or occupation, such person:*

*(e) Claims to be a "sign language interpreter", "interpreter for the deaf", "deaf interpreter", "ASL-English interpreter", "American sign language (ASL) interpreter", "transliterater", "certified sign language interpreter", "certified interpreter for the deaf", "certified deaf interpreter", "certified ASL-English interpreter", "certified American sign language (ASL) interpreter", or "certified transliterater", unless he or she holds a current certification issued by the registry of interpreters for the deaf or a successor organization. A registry of interpreters for the deaf, or successor organization, membership card that shows proof of current membership and certification shall be made available for immediate inspection and review by any consumer or agent of the state of Colorado.*

The Registry of Interpreters for the Deaf (RID) is a national organization with stringent standards in certifying American Sign Language (ASL) interpreters. ASL interpreting services at DVR are always provided by RID-certified sign language interpreters to assure the most accurate and impartial interpretations. Another distinction among RID-certified interpreters is the Certified Deaf Interpreter (CDI). This is a RID-certified interpreter who possesses native or near-native fluency in ASL and who can enhance communication through intimate understanding of deaf culture.

**NOTE:** A Registry of Interpreters for the Deaf (RID) membership card that shows proof of current membership and certification shall be made available for immediate inspection and review by any client or agent of the State of Colorado.

#### 9.1.1 Qualified Communication Assistants

Non-RID communication assistants who help the client with expressive and receptive language through oral, manual, or written communication techniques.

**NOTE:** A certified interpreter may provide services besides interpreting, but not simultaneously to providing interpreting services (please see page 4 in the "Introduction")

of this Fee Schedule. Creating an original message to your client is not interpreting but considered communicating.

A service provider who is qualified as an ASL interpreter may provide other services to the same client, but may not bill separately for simultaneously providing ASL interpreting or foreign language interpreting. Please see section 14.8 for the payment rates for job coaching with a RID-certified interpreter or sign language communication assistant.

### 9.1.2 Certified Interpreter, including Certified Deaf Interpreter

(Procedure codes 51000-01, 51000-02, 51000-03, 51000-07, 51000-08, 51000-09)

Interpreting services should be scheduled and authorized as far in advance as possible to assure the availability of appropriate interpreting at the least possible cost. It may be necessary to procure the services of two interpreters when interpreting services are needed for more than two consecutive hours or depending on the content of the meeting (e.g. content is complicated or intensive).

#### Hourly Payment Rate

- Up to \$104.00 for the first two hours
- Up to \$13.00 each 15-minute increment thereafter

#### Payment Rate for Special Circumstances

- Weekends
  - Up to \$124.00 for the first two hours
  - Up to 15.50 each 15-minute increment thereafter
  - Up to 144.00 for the first two hours
  - Up to 18.00 each 15-minute increment thereafter
- Holidays (Procedure code)
  - Up to 144.00 for the first two hours
  - Up to 18.00 ach 15-minute increment thereafter
- Late Notice Surcharges
  - Up to \$10.00 24-48 hours' notice
  - Up to \$15.00 12-23 hours' notice
  - Up to \$20.00 for less than 12 hours' notice

Cancellation Fee is 100% of planned amount for the first day when an interpreting job is cancelled with less than 48 hours' notice.

### 9.1.3 Communication Assistant, including Deaf Communication Assistant

(Procedure codes 51000-04, 51000-05, 51000-06, 51000-07, 51000-08, and 51000-09)

Deaf communication services may be purchased from an uncertified provider if the provider is fully capable of delivering adequate communication services to the individual. It may be necessary to procure the services of two providers when communication services are needed for more than two consecutive hours or depending on the content of the situation.

#### Payment Rate

- Up to \$31.00 per hour for each full hour (no 2-hour minimum)
- Up to \$7.75 each 15-minute increment thereafter

#### Payment Rate for Special Circumstances

- Up to \$41.00 per hour on the weekends
- Up to \$51.00 per hour on holidays
- No 2-hour minimum

#### Late Notice Surcharges

- Up to \$10.00 24-48 hours' notice
- Up to \$15.00 12-23 hours' notice
- Up to \$20.00 for less than 12 hours' notice

The cancellation fee is 100% of planned amount for the first day when an interpreting job is cancelled with less than 48 hours' notice.

### 9.1.4 Communication Services Provided by a Family Member

Sign language communication services from a family member should be obtained at no cost whenever reasonable and possible. However, DVR can pay family members for communication services, when appropriate.

#### Payment Rate

- Up to \$21.00 per hour (no 2-hour minimum)
- Partial hours purchased in purchased in 15-minute increment

## 9.2 Communications Access Real-Time Translation (CART)

(Procedure code 51000-10)

CART is instantaneous translation of the spoken word into English text using a stenotype machine, computer, and Real-Time software. This technology is primarily used by people who have hearing limitations or are learning English as a second language. The Americans with Disabilities Act (ADA) specifically recognizes CART as "effective communication access."

Payment Rate: Up to \$100.00 per hour

## 9.3 Foreign Language Interpreter

(Procedure codes 51500-01, 51500-02)

Foreign language interpreting services can be purchased from professional interpreters or from family members.

### 9.3.1 Professional Interpreter

#### Payment Rate

- Lowest available usual and customary rates
- Partial hours purchased in purchased in 15-minute increments

Cancellation Fee is 100% of planned amount for the first day when an interpreting job is cancelled with less than 48 hours' notice.

**NOTE:** Interpreters for Spanish are widely available in Colorado, and counselors should be able to negotiate for considerably lower rates than for other foreign languages.

A service provider who is qualified as foreign language interpreter may provide other services to the same client, but may not bill separately for simultaneously providing ASL interpreting or foreign language interpreting.

### 9.3.2 Services Provided by Family Member

Foreign language interpreting services from a family member should be obtained at no cost whenever reasonable and possible. However, DVR can pay family members for interpreting services, when appropriate.

#### Payment Rate

- Up to \$21.00 per hour (no 2-hour minimum)
- Partial hours purchased in purchased in 15-minute increments

## 9.4 Reader Services

(Procedure code 53000-01)

Verbal or signed communications of printed text for individuals unable to read or comprehend typical written or printed materials.

Payment Rate: \$10.20 per hour

### 9.4.1 Technical/Complex Reader Services or Reader Services with Technology Access

(Procedure code 53000-02)

Verbal or signed communications of highly technical, industry-specific or otherwise atypically complex printed text for individuals unable to access or comprehend written or printed materials. Service also allows access to technology and electronic information like the Internet that is unable to be accessed due to disability (e.g. accessing job applications on websites that are not compatible with screen reading or enlargement programs; applying at kiosks where adaptive technology cannot be used; or, accessing computers when an individual is unable due to language, physical, or cognitive ability). This service is not to be provided in conjunction with the purchase of job placement services.

#### Payment Rate

- Up to \$15.00 per hour
- Initial authorizations should not exceed 10 hours per month; authorization may be amended for additional hours if the counselor determines it to be necessary and documents justification in the service record

## 9.5 Translation Services

(Procedure code 52000-01)

Services that provide an accurate record of the content of written material for an individual unable to understand written communications.

Payment Rate: \$.15 per word

## 9.6 Notetaker Services

(Procedure code 53500-01)

Services that provide an accurate record of the content of verbal material presented by an instructor, evaluator, or employer for an individual unable to hear or comprehend verbal communications.

Payment Rate: \$10.20 per hour

## Chapter 10: Rehabilitation/Assistive Technology Goods, Services, and Training

Rehabilitation technology services encompass the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services.

### 10.1 Vehicle, Residential, and Job Site Modification

#### 10.1.2 Vehicle Modification

(Procedure code 55100-01)

A vehicle modification is a structural modification or adaptation to a motorized vehicle to enable an individual with a disability access to and operation of the vehicle when necessary for the individual to obtain the agreed upon employment goal. DVR will purchase vehicle modifications at the lowest available usual and customary rates.

##### *10.1.2(a) Provider Requirements*

Membership in good standing of the National Mobility Equipment Dealer Association (NMEDA) Certification as a NMEDA-QAP (Quality Assurance Program) dealer who is thereby qualified to meet minimum standards for vehicle modifications and adapted driving equipment installation.

**NOTE:** Vendor selection for the purchase of vehicle modification and other adaptive equipment that must be customized to meet the client's needs does not require a formalized bid process.

#### 10.1.3 Residential Modification

(Procedure code 55200-01)

A structural modification or adaptation to an individual's residence to enable his or her access to and independent function in the residence to the degree necessary for work.

#### 10.1.4 Job Site Modification

(Procedure code 55300-01)

A modification or adaptation to a workstation and/or job site to enable the individual access to necessary tools, equipment, and materials for the performance of job tasks and to improve his or her ability to perform required job tasks. Job site modification must comply with State procurement procedures and with the informal bid process.

### 10.2 Informal Bid Process

Three (3) written informal bids must be obtained, when available, for purchase of goods costing \$2000-\$9,999—if the individual chooses a provider who appears on a State bid award, [www.bidscolorado.com](http://www.bidscolorado.com), two additional bids are not needed.

Informal bids must comply with the following requirements:

- All bids must be in writing
- All bids must provide specifications, when applicable
- All bids must be for the same or comparable items
- DVR counselor shall document the following within the service record:
  - Bid activities, including copies of informal bids, when required
  - Justification if the chosen provider is not the lowest bidder
  - Explanation of why three providers are not available to bid, if applicable

### 10.3 Assistive Technology Devices

(Procedure codes 55501-01, 55502-01, 55506-01)

An rehabilitation/assistive technology device is a non-medical item, piece of equipment, or product system that is used to increase, maintain, or improve the functional capabilities of an individual with a disability. The device may be acquired commercially off the shelf, modified, or customized.

Pay rates for purchase, rental and repair are the lowest available usual and customary rates charged to other individuals or entities.

**NOTE:** Vendor selection for the purchase of rehabilitation/assistive technology devices that must be customized to meet the client's needs does not require a formalized bid process.

### 10.4 Professional Rehabilitation/Assistive Technology Services

Professional rehabilitation technology services include any service which directly assists individuals with disabilities in the selection of assistive technology devices; designing, fitting, customizing, and adapting assistive technology devices; training or technical assistance to the individual in the use of the device; and, training or technical assistance for professionals when necessary to the achievement of an employment outcome by an individual with a disability.

#### 10.4.1 Design, Fabrication, Adaptation, and Customization Services

(Procedure code 55400-01)

The pay rate is the lowest available usual and customary rates, depending on the skill level and technical expertise required.

#### 10.4.2 Training and Consultation

(Procedure code 55400-02)

The pay rate is the lowest available usual and customary rates, depending on the skill level and technical expertise required.

### 10.5 Hearing Technology Goods and Services

DVR purchases hearing aids related to the individual's medical condition and from the recommendations received from an audiologist, hearing aid provider, or ENT who is appropriately licensed, certified, and/or registered and in good standing with the Office of Audiology Licensure. In addition, the nature and working conditions of the consumer's employment outcome must be considered. Reference CRS 12-5.5-101 and CRS 12-5.5-201.

## 10.5.1 Hearing Aids

### 10.5.1(a) Hearing Aid Evaluations

(Procedure code 01750-05)

This service determines the potential need for hearing aids, including possible assistive listening devices and/or technology, and full written report, including recommendations, to DVR.

### 10.5.1(b) Hearing Aid Purchases

(Procedure codes 17500-05,17500-06)

#### 10.5.1(b)(i) Hearing Aid Volume Purchase Contract (HAVPC)

DVR has entered into contractual relationships with a number of hearing aid manufacturers by participating in a multi-state cooperative agreement administered by the State of Minnesota Cooperative Purchasing Venture (MNCPV). Hearing aid service providers must provide hearing aids under the terms of the Hearing Aid Volume Purchase Contract (HAVPC).

- Pre-authorization is required
- Contract rate authorized to the hearing aid vendor
- Dispensing Fee is authorized to the hearing aid vendor.

#### Hearing Aid Volume Purchase Contract Pricing

You can also copy and paste this link: <https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/hearing-aid-contract-and-vendors/>

#### 10.5.1(b)(ii) Hearing Aids Not on the Hearing Aid Volume Purchase Contract

(non-HAVPC, procedure code 17500-06 )

Service provider must provide DVR the reasons the contract aids will not meet the recipient's needs and reasons the non-contract aid will meet the recipient's needs (describe extenuating circumstances that eliminate the possible use of a contract aid).

Exceptions to purchasing hearing aids from the contract include:

- Overall lower cost, including dispensing fee
- No approved vendors to provide services within a geographic area
- No aid available from the contract that will meet a client's employment needs

When purchasing hearing aids outside the HAVPC contract, DVR will only pay the price the vendor paid for the non-contract aid (no markup). Appropriate documentation of cost should be submitted when invoicing, including at-cost fee and dispensing fee. All non-HAVPC aids must go through DVR Supervisor I consultation.

#### 10.5.2(b)(iii) Dispensing Fee

(Procedure code 17500-07)

DVR will reimburse the hearing aid service provider one dispensing fee per hearing aid for a recipient. Claims are not eligible for payment until after the hearing aid is dispensed.

The dispensing fee includes the following:

- Provision of at least three hearing aid batteries per aid to operate the hearing aid
- Informing the recipient of the trial period
- Instructing and counseling the recipient on use and care of the hearing aid
- A written copy of the manufacturer's warranty (all warranties will be a minimum of 24 months)
- Returning the hearing aid to the manufacturer for repair during the 24-month warranty period for parts and labor

Providers may request authorization for an additional dispensing fee when providing a replacement hearing aid, even if a dispensing fee had been previously paid. For example, an additional dispensing fee may be authorized when hearing aids are replaced under the loss and damage warranty. Additional dispensing fees will not be authorized for replacing an unsatisfactory hearing aid during the required trial period.

#### 10.5.2(b)(iv) Trial Period

Hearing aids that are not satisfactory to the user may be returned to the audiologist within 90 days after the dispensing date. The trial period consists of 90 consecutive days beginning the day the hearing aid is provided to the recipient. If the audiologist prescribes a hearing aid to replace the unsatisfactory aid, the hearing aid service provider (after consultation with the DVR counselor) can order the prescribed replacement aid once given authorization.

#### 110.5.2(b)(v) Hearing Aid Parts

(Procedure code 17101-01)

Check for hearing aid features included in the original purchase price. Parts include batteries and any other part not included in the HAVPC contract.

#### 10.5.2(b)(vi) Hearing Aid Repairs

(Procedure code 17500-01)

DVR does not cover repairs or the cost of returning the aid to the manufacturer while the aid is under warranty. To verify the hearing aid warranty has expired, hearing aid service providers must obtain the purchase date and purchase warranty expiration date from the manufacturer and submit with hearing aid repair estimate for pre-authorization of needed repairs. All hearing aid repairs are required to have a minimum six months' warranty, whether sent to the manufacturer or performed by the hearing aid service provider. Most manufacturers on the HAVPC provide a 1-year repair warranty. However, some provide repair warranties as long as 24 months. Providers are responsible to check the manufacturer's repair warranty information listed on the contract from which the hearing aid was obtained.

**NOTE:** The hearing aid service provider must inform the recipient of the beginning and ending dates of the trial period, repair warranty, and loss & damage warranty.

The hearing aid repair rate is determined by the HAVPC under which the aid was purchased. The HAVPC contract requires manufacturers to honor the contracted repair rate for the life of the hearing aid following the expiration of the contract.

<b>Description</b>	<b>Services</b>	<b>BY PREAUTHORIZATION ONLY</b>
Hearing Assessment (Procedure code 01700-08)  Hearing Aid Evaluation (Procedure code 01750-05)	Hearing assessment includes complete audiological history and full diagnostic evaluation, including pure tone/bone conduction testing, speech discrimination, tympanometry, acoustic reflex testing, needs assessment, technology evaluation and full report to DVR.	Hearing Assessment \$90  Hearing Aid Evaluation \$75  Paid directly to vendor
Hearing Aids (Procedure codes 17500-05, HAVPC 17500-06, non-HAVPC)	Obtained through Hearing Aid Volume Purchase Contract (HAVPC) <ul style="list-style-type: none"> <li>• 12-Month loss/damage</li> <li>• 24-Month parts/labor</li> </ul>	See HAVPC for pricing/ plan details, plus shipping costs. Justification and Supervisor I approval required for non-HAPVC aids, at cost
Dispensing Fee (Procedure code 17500-07)	Includes fitting, batteries, orientation to device(s)/care, copy of warranty, and trial period.	\$700.00/aid
Follow-up/In-office Services	Routine in-office service for the warranty of the hearing instrument at no additional charge. Includes reprogramming, tube changes, cleanings, instrument checks and in-office repairs.	N/C for the warranty of the aid(s) (Included in dispensing fee)
Annual Hearing Screening/ Check-ups	Complete audio logic history, otoscopic examination of ear canal, threshold testing via insert earphones, and report when requested.	N/C for the warranty of the aid(s) (Included in dispensing fee)
Replacement Fee(s), Under Warranty (Procedure code 17500-08)	Replacement of technology including impressions, reprogramming, and re-fitting of replacement product (does not include ear mold replacement).	DVR pre-authorization or client-funded; cost variances for replacement aid can cause an increase or decrease over original cost
Hearing Aid Parts (Procedure code 17500-01)	Includes ear molds, batteries, and any other part not included in the HAPVC or original purchase.	DVR pre-authorization or client-funded
Out-of-Warranty Repairs (Procedure code 17500-03 for HAPVC; 17500-02 for non-HAPVC)	Includes assessment of repair need, handling, and all re-programming/re-fitting.	DVR pre-authorization or client-funded HAVPC aid: per HAVPC contract plus \$50.00 paid directly to vendor Non-HAPVC aid: Cost of repair plus \$50 paid directly to vendor

## 10.5.2 Cochlear Implants

### 10.5.2(a) Cochlear Implant Device

(Procedure code 17500-04)

The allowable fees for cochlear implant device at the lowest available usual and customary rate. The surgical procedure is priced and authorized separately using appropriate Medical Restoration procedure codes. For individuals with insurance (private, Medicaid or Medicare), the surgery will likely be paid for through these resources.

## Chapter 11: Self Employment Services

Self-employment services are services provided to assist an individual with a disability in assessing the suitability and desirability of a self-employment outcome, to develop and implement a viable business plan, and to enable the individual to run his or her own business successfully.

### 11.1 Occupational Testing and Examinations

(Procedure code 08903-02)

Pay Rate: Lowest available usual and customary rates

### 11.2 Occupational Licenses and Fees

(Procedure code 70503-02)

Pay Rate: Lowest available usual and customary rates

### 11.3 Occupational Tools and Equipment

(Procedure codes 60001-01, 60002-01, 60006-01)

Pay Rates for Purchase, Rental and Repair: The lowest available usual and customary rates charged to other individuals or entities.

### 11.4 Initial Stock and Inventory

(Procedure code 60501-01)

If an individual's business plan cannot be implemented without DVR's provision of initial stock and inventory, such purchases will be limited to those necessary for the business to operate at the level identified for job stability in the individual's Individualized Plan for Employment.

Pay Rate: Lowest available usual and customary rates

### 11.5 Technical Assistance/Business Services and Consultation

(Procedure code 60700-01)

Services professionals such as business consultants, accountants, attorneys, industry experts, mentors, etc., for the purpose of assisting individuals to determine whether or not to pursue self-employment and in developing and implementing a viable business plan.

Pay Rate: Up to \$65.00 per hour

### 11.6 Informal Bid Process

Three (3) written informal bids must be obtained, when available, for purchase of goods costing \$2000-\$9,999—if the individual chooses a provider who appears on a State bid award, <https://www.bidscolorado.com/co/portal.nsf>, two additional bids are not needed.

Informal bids must comply with the following requirements:

- All bids must be in writing
- All bids must provide specifications, when applicable
- All bids must be for the same or comparable items
- DVR counselor shall document the following within the service record:
- Bid activities, including copies of informal bids, when required

- Justification if the chosen provider is not the lowest bidder
- Explanation of why three providers are not available to bid, if applicable

## 11.7 Allowable Funding for Self-Employment Start-Up Costs

### 11.7.1 Tier I

Funding for Tier I business plans is indexed to the annual change of the Consumer Price Index. For 2017-18, the amount is \$6200.00.

### 11.7.2 Tier II

Additional funds, up to 100% of the current Tier II level of funding, with equal dollar-for-dollar client contribution beyond the Tier I level. DVR cannot fund more than \$12,400 in business startup goods and/or services for an approved Tier II case in 2013-14.

**EXAMPLE:** Following business plan approval, a client requires \$17,600 in goods/services to start up his business. DVR can initially fund \$6,200. If a client contributes \$5700.00 (through cash on hand, business loan, SSA's Plan for Achieving Self-Support work incentive, etc.), DVR can fund an additional \$5,700

**NOTE:** Contact the DVR Finance and Operations Unit when planning to purchase equipment that requires a state license, such as a trailer.

See the DVR Policy Manual, Chapter 16, for further information.

## Chapter 12: Occupational Licenses, Tools, and Equipment

Occupational licenses, tools, and equipment are items normally required for job performance in the occupation of the individual's employment outcome. Specialized adaptive equipment, including microcomputers, which are necessary to accommodate limitations imposed by the impairment(s) for the performance of job tasks are considered rehabilitation technology services.

### 12.1 Occupational Licenses and Fees

(Procedure code 70503-01)

The payment rate for occupational licenses and fees is the lowest available usual and customary rates charged to other individuals or entities.

### 12.2 Occupational Tools and Equipment

(Procedure codes 70001-01, 70002-01, 70006-01)

The payment rate for purchase, rental, or lease of occupational tools and equipment is the lowest available usual and customary rates charged to other individuals or entities.

### 12.3 Informal Bid Process

Three (3) written informal bids must be obtained, when available, for purchase of goods costing \$2000-\$9,999—if the individual chooses a provider who appears on a State bid award, [www.bidscolorado.com](http://www.bidscolorado.com), two additional bids are not needed.

Informal bids must comply with the following requirements:

- All bids must be in writing
- All bids must provide specifications, when applicable
- All bids must be for the same or comparable items
- DVR counselor shall document the following within the service record:
- Bid activities, including copies of informal bids, when required
- Justification if the chosen provider is not the lowest bidder
- Explanation of why three providers are not available to bid, if applicable

### 12.4 Technical Assistance

(Service code 60700-01)

DVR may authorize and pay for a client to receive assistance in setting up and training to use technology in the residential setting for work-at-home- employment.

Pay Rate: Lowest available usual and customary rates charged to other individuals or entities

**NOTE:** Contact the DVR Finance and Operations Unit when planning to purchase equipment that requires a state license, such as a trailer.

## Chapter 13: Pre-Employment Transition Services

Pre-employment transition services are provided to students with disabilities to further develop an awareness of career and education opportunities, the general skills needed for employment success in any field, and the skills needed to appropriately advocate for themselves as they prepare to exit secondary education and enter the workforce or other post-school activities.

Pre-employment transition services include:

- Job Exploration
- Work-Based Learning Experiences
- Counseling on Post-Secondary Education
- Workplace Readiness Training
- Instruction in Self-Advocacy

A student with a disability is an individual with a disability in a secondary, postsecondary, or other recognized education program who is:

- Between 15–21 years old
- Eligible for, and receiving, special education or related services under Part B of the Individuals with Disabilities Education Act
- An individual with a disability, for purposes of Section 504
- The following sections describe pre-employment transition services and fees.

### 13.1 Pre-ETS Job Exploration Counseling

Job Exploration Counseling includes a wide variety of professional activities that help individuals identify viable career options or solidify careers that a student will want to explore further.

Job exploration counseling activities can be done through collaboration with private, for-profit, public or nonprofit businesses in your community and/or web-based resources.

Job Exploration Counseling may include:

- Activities to create career awareness and gain knowledge of career paths
- Administration of career or vocational assessments
- Administration of vocational interest inventories
- Development of career-focused student organizations
- Exploration of non-traditional employment options
- Identification of career pathways of interest to the student
- Instruction on labor market information
- Introduction to in-demand industries and occupations
- Presentations on various careers

#### 13.1.1 Pre-ETS Job Exploration Counseling

(Procedure code P08600-01)

Payment Rate

- Up to \$26.00 per hour
- Up to 30 hours per 12-month period of time (maximum \$780.00)
- Covers all costs for counseling activities, including preparation of periodic written reports

### 13.1.2 Pre-ETS Situational Assessment (SA)

(Procedure codes P08150-01, P08150-02, P08150-03, P08150-04, P08100-01, P08100-02, P08100-03, P08100-04, P08100-05)

Situational Assessment evaluates work behaviors, interpersonal skills, and job-related skill levels for purposes of identifying viable career options. They may take place in community-based settings, including real-life work settings and transitional employment settings, or in facility-based settings, such as community rehabilitation program facilities. Situational Assessments must be provided in integrated setting to the maximum extent possible.

Typically, all SAs are provided one-on-one. However, DVR will allow for payment to be made when the service is being provided simultaneously to multiple individuals as follows:

- 1-3 individuals - 100% of identified direct service one-on-one rate per individual
- 4-6 individuals - 50% of the identified direct service one-on-one rate per individual

During *facility-based* Situational Assessment, assessment is provided in a community rehabilitation program, clubhouse, etc. and cannot exceed two full months. During *community-based* assessment, assessment is provided at job sites in the community. Rather than providing an individual with uniquely designed situational assessment services, a *Standard 2-week Situational Assessment* uses standardized protocols and practices for all participating individuals.

#### **Payment Rates, Facility-Based Situational Assessment**

- Monthly
  - Full month of service (30+ hours) of direct consumer service is provided
  - Up to \$630.00
  - Covers all costs for the assessment, including preparation of a written evaluation report
- Partial Months
  - 1-29 hours
  - Up to \$21.00 per hour of direct consumer assessment time
  - Covers all costs for the assessment and preparation of monthly written reports

#### **Payment Rates, Community-Based Situational Assessment**

- Monthly
  - Full month of service (30+ hours) of direct consumer service is provided
  - Up to \$1,230.00
  - Covers all costs for the assessment, including preparation of a written evaluation report
- Partial Months
  - 1-29 hours of direct on-site consumer service provision
  - Up to \$41.00 per hour of on-site assessment time
  - Covers all costs for the assessment, including preparation of monthly written reports

#### **Payment Rates, Standard 2-Week Community-Based Situational Assessment**

- Up to \$630.00
- Covers all costs for the assessment, including preparation of a written evaluation report

### 13.1.3 Pre-ETS Standardized Vocational Evaluation

(Procedure codes P08000-01, P08000-02)

Standardized vocational evaluation is formalized testing using standard protocols to identify viable career options. Standardized vocational evaluations typically involve the use of formalized normed work samples, such as the Valpar written test, etc. A standardized vocational evaluation must be conducted by an individual who is qualified to administer the standardized assessment tools.

#### Payment Rates for a Comprehensive Evaluation

- 10+ hours of direct consumer assessment
- Up to \$520.00
- Covers all costs for the assessment, including preparation of a written evaluation report

#### Payment by the Hour

- 1-9 hours of direct consumer assessment
- Up to \$52.00 per hour
- Covers all costs for the assessment, including preparation of a written evaluation report

## 13.2 Pre-ETS Work-Based Learning Experiences

Work-Based Learning Experiences (WBLEs) use the workplace or real work to provide students with the knowledge and skills that will help them connect school experiences to real-life work activities and future career opportunities. It is essential that direct employer or community involvement be a component of the WBLE to ensure in-depth student engagement. These opportunities are meant to engage, motivate, and augment the learning process. WBLEs can be done in collaboration with private, for-profit, public or nonprofit businesses in your community. They may include in-school or after-school opportunities or experiences outside the traditional school setting that are provided in an integrated environment to the maximum extent possible. If paid, the student with a disability must be paid competitive wages to the extent competitive wages are paid to students without disabilities. In addition, work-based learning requires in-depth engagement of youth and an evaluation of acquired work relevant skills.

A WBLE may include:

- Apprenticeships (not including pre-apprenticeships and registered apprenticeships)
- Career Mentorship
- Career-Related Competitions
- Informational Interviews
- Internships (paid or unpaid)
- Job Shadowing
- Practicum
- Service Learning or Volunteer Experiences
- Simulated Workplace Experience
- Student-led Enterprises
- Work Experience (paid or unpaid)
- Workplace Tours, Field Trips

### 13.2.1 Pre-ETS Paid Work-Based Learning Experiences

(Procedure code P27600-02)

Training provided in a competitive and integrated employment setting in which the student with a disability performs real work while receiving wages for all time spent on the job.

#### *Requirements*

- Vendor assumes all legal obligations for the student, including issuing wages earned, calculating and withholding payroll deductions, and providing unemployment insurance and worker's compensation coverage
- Vendor compensates student at a competitive wage
- Vendor handles every aspect of the payroll administrative process from implementing timekeeping to delivery of paychecks

#### *Purchasing Procedures*

1. DVR staff person and student identify an employer who is willing to provide a Paid Work-Based Learning Experience for a student
2. DVR staff person contacts a registered Paid Work-Based Learning Experience vendor (this is a separate, intermediate entity who will provide payroll services between the student and the employer) and provides them the student's information needed for the vendor's payroll services. The vendor will supply the occupational title and job duties the student will perform, the beginning and ending dates, and the work schedule.
3. DVR issues the Authorization for Service.
4. DVR approves or denies payment within three business days after receipt of the Progress Report and invoice.

#### *Payment Rate*

The higher of either the prevailing market wage, or the state or federal minimum wage, in 15-minute increments plus up to 35% for payroll or related expenses incurred by payroll agency, at a site in a community setting (non-facility based). The market wage is the same wage as is paid to a person without a disability.

#### *Restrictions*

Paid Work Based Learning Experiences shall not exceed 160 hours each without supervisory approval.

Students who receive Paid Work Based Learning Experiences are NOT employees of the State of Colorado, the Department of Labor and Employment, or the Division of Vocational Rehabilitation. They are temporary employees of the WBLE vendor.

### 13.2.2 Pre-ETS Community Based Site Set Up

(Procedure code P27050-01)

This is payment made to a vendor DVR authorizes to find and set up an employer for a Work Based Learning Experience.

#### *Payment Rate*

- Up to \$52.00 per hour
- Maximum of two hours (\$104.00)

### 13.2.3 Pre-ETS Employer Expenses

(Procedure code P08107-01, P08107-02)

This is payment made to an employer to offset costs incurred by the employer, such as training costs, by allowing their community worksite to be used for Work Based Learning Experiences.

#### Monthly Payment Rate

- 30+ hours of onsite time per month
- Up to \$540.00 per month
- Maximum of two months per student with the same employer

#### Payment for Partial Months

- 1-29 hours per month
- Up to \$18.00 per hour
- Maximum of two months per student with the same employer

### 13.2.4 Pre-ETS Informational Interview, Job Site Tour or Job Shadow

(Procedure code P08700-01)

Payment to a vendor for identifying and coordinating with community employers to provide information interviews, job site tours, and job shadows. Includes accompanying students to job site for these activities and preparation of reports demonstrating outcome of activities.

#### Payment Rate

- Up to \$26.00 per hour
- Up to 30 hours per 12-month period (maximum \$780.00)

## 13.3 Pre-ETS Counseling on Comprehensive and Post-Secondary Education Programs

(Procedure code P21100-01)

Choosing a career requires exploration and planning to gain awareness of the wide range of career pathways and labor market realities and projections. It is essential for students to see how skill development and knowledge relate to future opportunities in Postsecondary Education (PSE) settings and employment. In addition to being provided information and guidance on a variety of post-secondary education and training opportunities, the PSE planning process allows students to learn about the special departments and/or supports available at the PSE institutions of higher learning.

Counseling on post-secondary education may include:

- Identifying interests, abilities, talents, needs, learning style preferences and goals
- Researching career & PSE options
- Promoting participation in PSE preparation classes, etc.
- Promoting use of executive function skills needed to succeed in post-secondary education
- Promoting use of self-advocacy skills
- Supporting student participation in college fairs & tours
- Teaching students about applicable educational and vocational laws
- Documenting necessary academic accommodations

- Connecting to PSE resources, services, websites
- Identifying financial aid options
- Providing PSE information to family members
- Assisting with application and enrollment process
- Identifying and advocating for needed accommodations & services, including technology, admission test accommodations, and classroom accommodations

#### Payment Rate

- Up to \$26.00 per hour
- Up to 30 hours per 12-month period of time (maximum \$780.00)
- Covers all costs for counseling, including preparation of periodic written reports

### 13.4 Pre-ETS Workplace Readiness Training

Workplace readiness describes a number of commonly expected skills and behaviors that employers seek from most employees that are necessary for any job. Work readiness skills are sometimes called soft skills, employability skills, or job readiness skills.

Workplace Readiness Training includes a broad range of activities to help students learn skills, such as appropriate workplace interactions, time management, effective and professional communication, problem solving, decision making, and other independent living and interpersonal behaviors essential for workplace success. Additionally, financial literacy, orientation and mobility, job seeking skills, and the development of other “soft” skills may be included in workplace readiness training.

#### 13.4.1 Pre-ETS Work Adjustment Training

(Procedure codes P22050-01, P22050-02, P22000-01, P22000-02, P22000-03, P22000-04)

Training provided to help students with disabilities adjust behavior and/or develop compensatory skills in vocational areas, such as peer work relationships, supervisory work relationships, general work behaviors and expectations, and work habits. Includes training to improve a student’s interpersonal skills to the degree necessary to engage in employment. WAT is provided to students in integrated community settings to the maximum extent possible.

*Facility-based* WAT is non-integrated WAT provided directly to the student at a community rehabilitation program, clubhouse, etc. Facility-Based WAT is only utilized to the extent an integrated community setting is not able to adequately meet the student’s needs.

*Community-based* WAT is integrated WAT provided directly to the student on-site at real work or transitional employment sites, etc. in the community.

#### Payment Rate, Facility-Based (Non-integrated) WAT

- Monthly
  - 30+ hours of direct individual instruction
  - Up to \$630.00 per month
  - Covers all costs for WAT, including preparation of periodic written reports
- Partial Months
  - 1-29 hours of direct individual instruction
  - Up to \$21.00 per hour
  - Covers all costs for WAT, including preparation of periodic written reports

#### Payment Rate, Community-Based (Integrated) WAT

- Monthly
  - 30+ hours
  - One-to-One: Up to \$1,230.00
  - Group Settings: Up to \$600.00 per individual
  - Covers all costs for WAT, including preparation of periodic written reports
- Partial Months
  - 1-29 hours
  - One-to-One: Up to \$41.00 per hour
  - Group Settings: Up to \$20.00 per hour per individual
  - Covers all costs for WAT, including preparation of periodic written reports

#### 13.4.2 Pre-ETS Personal Adjustment Training (PAT)

(Procedure codes P21250-01, P21250-02, P21200-01, P21200-02, P21350-01, P21300-01, P21300-02)

Personal Adjustment Training (PAT) is training provided to help students with disabilities develop compensatory skills and/or to adjust behavior in the areas of independent living to the degree necessary for employment, communications, personal mobility and ability to travel in the community, and personal functioning. PAT is provided to students in integrated community settings to the maximum extent possible.

*Facility-based* PAT is PAT provided directly to a student, typically in a community rehabilitation program, clubhouse, independent living center, or residential facility. Facility-Based WAT is only utilized to the extent an integrated community setting is not able available to adequately meet the student's needs.

*Community-based* PAT is PAT provided directly to an individual at the individual's home or other community site.

#### Payment Rates, Facility-Based PAT for Students with a Disability Other than Visual Impairment

- Monthly
  - 30+ hours of direct individual service provision
  - Up to \$480.00 per month
  - Covers all costs for the training, including preparation of periodic written reports and the provider's normal travel
  - Includes use of assistive technology devices necessary for the individual to participate in the training program
- Partial Months
  - 1-29 hours of direct individual service provision
  - Up to \$16.00 per hour—covers all costs for the training
  - Covers all costs for the training, including preparation of periodic written reports and the provider's normal travel
  - Includes use of assistive technology devices necessary for the individual to participate in the training program

#### Payment Rates, Facility-Based PAT for Students with Visual Impairment

- Up to \$4000.00 per month
- Includes all costs required for rehabilitation teaching, orientation and mobility, communications training, braille instruction, daily living skills training, basic computer orientation, instruction in personal management, social development, self-esteem building, and adjustment to blindness
- Includes the use of assistive technology devices necessary for the individual to participate in the training program
- Covers costs associated with the preparation of periodic written reports and the provider's travel within the provider's normal service delivery area

#### Payment Rates, Community-Based PAT for Students with a Disability Other than Visual Impairment

- Monthly
  - 25+ hours of direct on-site instruction
  - Up to \$680.00
  - Covers all costs for instruction, including preparation of monthly written reports, and the provider's travel to sites within the provider's normal service delivery area
- Partial Months
  - 1-24 hours of direct on-site instruction
  - Up to \$26.00 per hour
  - Covers all costs for instruction, including preparation of monthly written reports, and the provider's travel to sites within the provider's normal service delivery area

#### Payment Rates, Community-Based PAT for Students with Visual Impairment

- Monthly
  - Up to \$770.00 per month
  - Applies to a full month of service provision (25+ hours of direct on-site instruction)
  - Covers instructional costs for all components of a rehabilitation teaching program and/or mobility training, including the preparation of periodic written reports
- Partial Months
  - 1-24 hours of direct on-site individual service provision
  - Up to \$31.00 per hour
  - Covers instructional costs for all components of a rehabilitation teaching program and/or mobility training, including preparation of periodic written reports

### 13.4.3 Pre-ETS Orientation & Mobility Training

(Procedure codes P21370-01, P21370-02)

Orientation & Mobility Training is instruction to help a student with a visual impairment develop or re-learn skills and concepts to travel safely and independently within the home and the community.

#### Payment Rate

- \$57.00 and can ONLY be provided one-on-one
- Covers instructional costs for all components of orientation and mobility training, including preparation of periodic written reports

#### 13.4.4 Pre-ETS Communication Skills Training

(Procedure codes P21500-01, P21500-02, P21500-03, P21500-04)

Communication Skills Training is specialized visual, auditory or sign language communication training needed by an individual with a disability to communicate with others.

##### Payment Rate

- One-to-One instruction
- Up to \$26.00 per hour
- Covers instructional costs for all components of communication skills training, including preparation of periodic written reports

#### 13.4.5 Pre-ETS Job Seeking Skills Training

(Procedure code P27500-01)

Job Seeking Skills Training is training to teach clients to independently job search, including preparing résumés, completing applications, and interviewing.

##### Payment Rate

- Up to \$26.00 per hour
- Up to 15 hours (maximum \$390.00)
- Covers all costs for training, including preparation of periodic written reports

#### 13.4.6 Pre-ETS Job Club

(Procedure code P81500-01)

Job Club is a structured group setting to provide assistance and support to learn how to conduct an independent job search. Providing Job Club services repeatedly is not typically expected to occur unless appropriate justification is provided in the service record.

##### Payment Rate

- Up to \$52.00 per week per client
- Up to 15 consecutive weeks (maximum \$780.00)
- Covers all costs for training, including preparation of periodic written reports

#### 13.4.7 Pre-ETS Curriculum-Based Workplace Readiness Training Program

(Procedure code P08800-01)

Curriculum-Based Workplace Readiness Training Program refers to tuition and participation fees for students with disabilities to participate in formally established workplace readiness training programs. Programs must have a clearly defined eligibility criteria, goals, curriculum, and outcome measurements. Training curriculum and activities are designed to help students develop general work, academic, independent living, and social skills needed to succeed in post-secondary education and competitive integrated employment. Programs include elements of both Work Adjustment Training and Personal Adjustment Training and cannot be authorized in conjunction with either of these services. Fee does not include tuition for academic coursework, which is authorized and paid using the appropriate vocational training procedure codes.

#### Payment Rate (for Established Training Term)

- Lowest available usual and customary rate charged to other individuals and entities
- Covers instructional costs for all components training, including preparation of periodic reports

### 13.5 Pre-ETS Instruction in Self-Advocacy

(Procedure code P08500-01)

Self-advocacy refers to an individual's ability to effectively communicate, convey, negotiate or assert his/her own interests and/or desires. Instruction in self-advocacy may include development of self-awareness (including understanding of one's disability), independent decision making, goal setting, self-determination, understanding, requesting, and utilizing needed accommodations, knowing rights and responsibilities, and leadership skills.

#### Payment Rate

- Up to \$26.00 per hour
- Up to 30 hours per 12-month period of time (maximum \$780.00)
- Covers all costs for training, including preparation of periodic written reports

### 13.6 Pre-ETS Auxiliary Aids and Services

Includes a range of services and devices that enable individuals with impaired sensory, cognitive, manual, or speaking skills to have an equal opportunity to participate in pre-employment transition services. Prescriptive or highly customized rehabilitation technology (e.g. hearing aids) does not constitute auxiliary aids or services allowable as a pre-employment transition service. Additionally, in some cases, accessibility software may be considered an auxiliary aid or service, but the purchase of a computer needed to use the software would not.

A service provider who is qualified as an ASL interpreter may provide other services to the same client, but may not bill separately for simultaneously providing ASL interpreting.

#### 13.6.1 Pre-ETS Communication Services

##### *13.6.1(a) Certified Interpreter, including Certified Deaf Interpreter*

(Procedure codes P51000-01, P51000-02, P51000-03, P51000-07, P51000-08, P51000-09)

Interpreting services should be scheduled and authorized as far in advance as possible to assure the availability of appropriate interpreting at the least possible cost. It may be necessary to procure the services of two interpreters when interpreting services are needed for more than two consecutive hours or depending on the content of the meeting (e.g. content is complicated or intensive). Please also see Chapter 9, "Communication Services."

#### Payment Rates

- Hourly
  - Up to \$104.00 for the first two hours
  - Up to \$13.00 each 15-minute increment thereafter
  - Payment Rate for Special Circumstances
- Weekend
  - Up to \$124.00 for the first two hours
  - Up to 15.50 each 15-minute increment thereafter
- Holiday

- Up to 144.00 for the first two hours
- Up to 18.00 each 15-minute increment thereafter
- Late Notice Surcharges
  - Up to \$10.00 24-48 hours' notice
  - Up to \$15.00 12-23 hours' notice
  - Up to \$20.00 for less than 12 hours' notice

Cancellation Fee is 100% of planned amount for the first day when an interpreting job is cancelled with less than 48 hours' notice.

***13.6.1(b) Pre-ETS Communication Assistant, including Deaf Communication Assistant***  
(Procedure code P51000-04, P51000-05, P51000-06, P51000-07, P51000-08, and P51000-09)

Deaf communication services may be purchased from an uncertified provider if the provider is fully capable of delivering adequate communication services to the individual. It may be necessary to procure the services of two providers when communication services are needed for more than two consecutive hours or depending on the content of the situation.

**Payment Rates**

- Hourly
  - Up to \$31.00 per hour for each full hour (no 2-hour minimum)
  - Up to \$7.75 each 15-minute increment thereafter
- Special Circumstances
  - Up to \$41.00 per hour on the weekends
  - Up to \$51.00 per hour on holidays
  - No 2-hour minimum
- Late Notice Surcharges
  - Up to \$10.00 24-48 hours' notice
  - Up to \$15.00 12-23 hours' notice
  - Up to \$20.00 for less than 12 hours' notice

Cancellation Fee is 100% of planned amount for the first day when an interpreting job is cancelled with less than 48 hours' notice.

***13.6.1(c) Pre-ETS ASL Communication Services Provided by a Family Member***  
(Procedure code P51000-10)

Sign language communication services from a family member should be obtained at no cost whenever reasonable and possible. However, DVR can pay family members for communication services, when appropriate.

**Payment Rate**

- Up to \$21.00 per hour (no 2-hour minimum)
- Partial hours purchased in purchased in 15-minute increment

***13.6.1 (d) Pre-ETS Communications Access Real-Time Translation (CART)***  
(Procedure code P51000-11)

CART is instantaneous translation of the spoken word into English text using a stenotype machine, computer, and Real-Time software. This technology is primarily used by people who

have hearing limitations or are learning English as a second language. The Americans with Disabilities Act (ADA) specifically recognizes CART as "effective communication access."

Payment Rate: \$100.00 per hour

### 13.6.2 Pre-ETS Reader Services

(Procedure code P53000-01, P53000-02)

Reader services are verbal or signed communications of printed text for individuals unable to read or comprehend typical written or printed materials.

Initial authorizations should not exceed 10 hours per month; authorization may be amended for additional hours if the counselor determines it to be necessary and documents justification in the service record.

Payment Rate: \$10.20 per hour

Verbal or signed communications of highly technical, industry-specific or otherwise atypically complex printed text for individuals unable to access or comprehend written or printed materials. Service also allows access to technology and electronic information like the Internet that is unable to be accessed due to disability (e.g. accessing websites that are not compatible with screen reading or enlargement programs or accessing computers when an individual is unable due to language, physical, or cognitive ability).

The payment Rate for Technical/Complex Reader Services or Reader Services with Technology Access: Up to \$15.00 per hour

### 13.6.3 Pre-ETS Notetaker Services

(Procedure code P53500-01)

Services that provide an accurate record of the content of verbal material presented by an instructor, evaluator, or employer for an individual unable to hear or comprehend verbal communications.

Payment Rate: \$10.20 per hour

### 13.6.4 Pre-ETS Purchase, Rental and Repair of Assistive Technology Devices

(Procedure code P55501-01, P55502-01, P55506-01)

The payment rate for purchase, rental and repair is the lowest available usual and customary rates, depending on the skill level and technical expertise required.

## Chapter 14: Job Search and Placement Services

Individualized job search and placement services help a client obtain suitable and satisfactory employment in a competitive integrated setting which is consistent with the client's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Placement services are not intended to be provided repeatedly over an extended period of time with numerous attempts to the client unless the counselor determines, with appropriate justification in the service record, that continued job placement services are needed specific to the client's needs.

Generally, vendors providing job search and placement services who hire a client at their own business are not eligible to receive the placement fee, an employer stipend, or OJT wage reimbursement. In cases where a position within a company or organization providing job search and placement services is competitive integrated employment that requires job search and placement services to secure, the vendor shall discuss the potential employment with the rehabilitation counselor (prior to invoicing) to determine the scope of services provided and whether the placement fee, employer stipend, or OJT wage reimbursement is appropriate.

### 14.1 Tier I

This tier entails job placement services for the majority DVR clients whose needs cannot be fully met by a workforce center or internal job placement efforts (e.g. Business Outreach Specialist, DVR Counselor, etc.) and who have the ability to complete at least some aspects of job search and placement after receiving training and guidance from a Job Placement Service Provider (JPSP).

### 14.2 Tier II

This tier entails job placement services for DVR clients who require one-on-one assistance for every job search activity due to disability-related reasons. Tier II includes clients requiring supported employment services (see Chapter 15, Supported Employment Services, for specific guidance on job search and placement services for clients who have a Supported Employment IPE), or, less commonly, clients who require one-on-one assistance for every job search activity, but do not need extended services to retain employment. For example, someone with newly-acquired blindness or TBI may require one-on-one assistance to complete online job searches, applications, and interviews, however, the functional limitations can be accommodated on the job, and extended services are not necessary.

**NOTE:** Any JPSP working with multiple DVR clients must ensure that reporting and billing hours are provided for each client accurately. This includes the option to report and bill in quarter hours.

The following table outlines the activities, fees, and requirements of job search and placement services in chronological order.

### 14.3 Job Placement Agreement

Tier I Fee	Tier II Fee	Description of Activity and Requirements
Completion Required (no applicable fee)	Completion Required (no applicable fee)	Includes a meeting between the DVR Counselor, client, and JPSP to discuss pertinent information relevant to expectations of services: timelines, payments and authorizations, and a complete overview of the client's employment focus and needs for successful placement. Completion of the <b>Job Placement Agreement</b> is required and occurs before authorizing any job search and placement services. The <b>Job Placement Agreement</b> includes details of a 90-day face-to-face review of plan to be conducted between DVR Counselor, client, and JPSP if placement has not yet occurred.

### 14.4 Job Placement Plan

Tier I Fee	Tier II Fee	Description of Activity and Requirements
\$75  Procedure code 87001-00	\$75  Procedure code 87002-00	<p>Reflects joint planning collected between DVR Counselor, client, and JPSP and is required to be submitted to the DVR Counselor within two weeks after initial meeting between DVR Counselor, client, and JPSP.</p> <p>Includes the following elements:</p> <ul style="list-style-type: none"> <li>• Employment goal (as stated on IPE)</li> <li>• Description of how job seeking skills training and other activities will be implemented. For example: soft skills, professional attire and attitude, interview skills etc.</li> <li>• Target wage and amount of hours desired per week</li> <li>• Resources, employment barriers, and strategies to address barriers</li> <li>• Identified work accommodations that may be necessary. For example: adaptive software, sensory components within a work environment that need to be considered or adjusted, etc.</li> <li>• Indication that the JPSP, DVR Counselor, and client have discussed any SSI/SSDI considerations that may impact benefits such as income thresholds and how to address possible impacts</li> <li>• Agreed-upon standard for regular contact between client, JPSP and DVR Counselor</li> <li>• Identified plan for contacting employers and developing employment. This will include an initial list of employers to contact and standard number of employer contacts per week</li> <li>• Indication of any employer incentives to be utilized (e.g., OJT, Employer Stipend, etc.)</li> </ul> <p><b>Authorization:</b> Occurs at the time the <b>Job Placement Agreement</b> is signed by all parties and is required for all clients who receive services from a JPSP. Authorized one time per client, per JPSP.</p>

## 14.5 Milestone 1: Job Preparation and Development

Tier I Fee	Tier II Fee	Description of Activity and Requirements
Up to \$1,320	Up to \$2,500	Includes services for the client to prepare for, engage in, and securing of employment in a competitive integrated setting that is consistent with the identified employment goal on IPE.
Up to 40 hours at \$33 per hr.	Up to 50 hours at \$50 per hr.	Subsequently, the service provider submits typed monthly progress reports to DVR Counselor until job placement is achieved, regardless of whether an invoice is being submitted.
Procedure code 87001-01	Procedure code 87002-01	<p><b>Authorization:</b> The DVR Counselor creates the authorization for Milestone 1 after the client has utilized informed choice to select a JPSP, and the Job Placement Agreement and Job Placement Plan have been signed by all parties. Authorization must be in place prior to any services being provided.</p> <p>Job Preparation and Development Includes:</p> <ul style="list-style-type: none"> <li>• Training clients on how to conduct job searches, complete applications, identify and list references, target potential employers, and interview effectively. Provision of job seeking skills training is intended to enable the individual to conduct an independent job search (Tier I);</li> <li>• Teaching clients how to create a basic résumé and cover letter (Tier I) and/or the job developer completing a basic résumé and cover letter themselves (Tier II). Includes and printing cost, including 20 hard copies and the résumé provided in electronic format;</li> <li>• A federal résumé maybe be authorized separately in conjunction with Milestone I, but a basic résumé may not.</li> <li>• Contacting employers directly (and confirmed with client) to obtain information about possible competitive job openings and to develop employer relationships;</li> <li>• Conducting on-site analysis and providing assistance to employers in identifying accommodations for clients, and/or addressing any barriers that may affect employment;</li> <li>• Working together with the DVR Counselor to educate and train employers in disability awareness;</li> <li>• Networking with other community agencies to increase contact and employment possibilities;</li> <li>• Coordinating with DVR Counselor to complete a 90-day job search review if job placement has not occurred and adjust the Job Placement Plan if necessary. After the 90-day review, the JPSP, DVR Counselor, and client will continue to meet every 60 days until placement occurs;</li> <li>• Submitting progress reports of job search activities and services to the DVR Counselor on the Monthly Progress Report form (submission of monthly progress reports continues until the client's DVR case is closed ("successfully rehabilitated").</li> </ul>

		<p><b>Authorization:</b> Based on the Job Placement Plan, the DVR Counselor will authorize for the projected number of hours per month. Milestone 1 is not intended to be authorized all at one time.</p> <p>For Tier II only, a DVR counselor may authorize for up to an additional 20 hours. There must be clear documentation from the JPSP and Supervisor I approval.</p>
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#### 14.6 Milestone 2: Job Placement

Tier I Fee	Tier II Fee	Description of Activity and Requirements
\$500  Procedure code 87001-02	\$600  Procedure code 87002-02	<p>The event when the client has secured employment. All conditions of job placement must be met before payment can be issued.</p> <p>Expectations for Payment:</p> <ul style="list-style-type: none"> <li>• The job placement represents employment in a competitive integrated community setting;</li> <li>• The employment and work situation is consistent with clients strengths, resources, priorities, interests, concerns, abilities, capabilities, and informed choice as reflected in the IPE;</li> <li>• The JPSP was <b>actively</b> involved in job placement activities with client, as evidenced by activities in monthly progress reports, client, and/or employer reports;</li> <li>• The client has begun the job and has worked at least five full shifts or three weeks on the job at the job site performing their actual job duties (whichever occurs first), not including orientation time;</li> <li>• The employment is expected to continue to be verified by DVR staff with client and/or employer;</li> <li>• The <b>Notice of Employment</b> form has been completed and submitted to the DVR Counselor.</li> </ul> <p>The JPSP will continue to submit monthly progress reports until client has achieved successful case closure.</p> <p>Authorization: The DVR Counselor authorizes for Milestone 2 after the <b>Job Placement Agreement</b> and <b>Job Placement Plan</b> are in place and no later than three weeks on the job. Payment for Milestone 2 is made after the <b>Job Placement Notice of Employment</b> form is submitted and verified with client. The DVR Counselor then will then authorize for Milestone 3 for the Successful Closure Payment.</p>

## 14.7 Job Coaching

Tier I Fee	Tier II Fee	Description of Activity and Requirements
Individual, up to \$1,320	Individual, up to \$2,000	Training services provided by an individual other than the employer (unless under a program of natural supports in a supported employment placement) to a client after job placement. Job coaching services includes job skill training, job site orientation, and coordination or provision of specific services at or away from the work site to maintain employment stability. Job Coaching is not intended to exceed more than the maximum allowed hours in one month.
Up to 40 hours per month at \$33 per hr.	Up to 40 hours per month at \$50 per hr.	
Procedure code 28001-01	For 2+ individuals, up to 40 hours per month at \$18 per hr.	Exception: If the DVR Counselor determines that more hours are needed after the provision of a majority of the maximum allowed hours, additional hours may be authorized.
	Procedure codes 28002-01, 28002-02, 28002-03, 28002-04	

## 14.8 Job Coaching with RID Certified Interpreter or Sign Language Communication Assistant, Individual

Tier I Fee	Tier II Fee	Description of Activity and Requirements
RID-Certified: \$65 per hour	RID-Certified: \$75 per hour	Vendors who are RID-certified interpreters or non-RID certified communication assistants may offer job coaching services for deaf and hard of hearing clients.
Communication Assistant: \$44.00 per hour	Communication Assistant: \$54.00 per hour	It is necessary to procure the services of two RID-certified vendors when job coaching services are needed for more than two consecutive hours or when the content is complicated or intensive. The hours spent receiving job coaching services are deducted from the job coaching maximum under Milestone 2, not the amount of hours paid per job coach.
Up to 40 hours per client per month	Up to 50 hours per client per month	<b>EXAMPLE:</b> A client's first shift is eight hours long and is anticipated to require eight hours of job coaching. The rehabilitation counselor authorizes two job coaches for eight hours of coaching each. The client receives job coaching the entire shift of eight hours. The client falls under Tier II and has a 50-hour maximum for job coaching, but the time deducted from 50 hours for job coaching will be eight hours.
Procedure code 27201-01 27201-02	Procedure codes 27202-01 27202-02	Exception: If the DVR Counselor determines that more hours are needed after the provision of a majority of the maximum allowed hours, additional hours may be authorized.

		For occasions strictly requiring an interpreter (e.g. new employee orientation, staff training sessions, etc.), a rehabilitation counselor will authorize interpreter services separately. Prior to authorizing, the counselor must first explore ADA responsibilities with the employer to provide these necessary interpreting services.
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#### 14.9 Expedited Placement

<b>Tier I Fee</b>	<b>Tier II Fee</b>	<b>Description of Activity and Requirements</b>
Additional \$200 if placed within 60 days  Procedure code 87001-04	Additional \$200 if placed within 60 days  Procedure code 87002-04	An additional placement payment to the JPSP when client secures employment as a result of their active involvement within 60 days of the begin date of the authorization for Milestone 1.  Authorization: DVR Counselor authorizes for an Expedited Placement Payment at the time as authorization for Milestone 1 and 2. If applicable, payment is made at the same time as payment for Milestone 2.

#### 14.10 Supplemental Job Placement Payment

<b>Tier I Fee</b>	<b>Tier II Fee</b>	<b>Description of Activity and Requirements</b>
\$250  Procedure code 87001-05	\$300  Procedure code 87002-05	Loss of Employment Prior to Closure: If the client loses the job before successful closure for reasons unrelated to the appropriateness of the initial placement, the DVR Counselor may authorize remaining Milestone 1 hours and/or the appropriate flat fee for Supplemental Job Placement Payment to the JPSP to continue to assist the client in finding employment that matches the desired employment goal, as stated on IPE. An authorization for the Supplemental Job Placement Payment can only be issued once per client, per JPSP.  Authorization: The DVR Counselor shall not issue additional authorizations for Milestone 1 if the maximum amount of hours has already been paid. The DVR Counselor can authorize for the remaining amount of hours if the maximum amount of hours has not been reached and clear documentation from monthly progress reports and client contacts illustrate that the client would benefit from continuing to work with the placement provider. Milestone 1 hours, when available, can be billed as performed and with required documentation submitted to the DVR counselor. A Supplemental Job Placement Payment may be paid only upon placement into employment that matches the desired employment goal, as stated on the IPE.

### 14.11 Milestone 3: Successfully Closed, Rehabilitated

Tier I Fee	Tier II Fee	Description of Activity and Requirements
\$1,000  Procedure code 87001-03	\$1,200  Procedure code 87002-03	<p>Successfully Closed, Rehabilitated means:</p> <ul style="list-style-type: none"> <li>• The client has obtained the employment outcome planned in the Individualized Plan for Employment;</li> <li>• The client and DVR Counselor agree that the employment outcome is stable and satisfactory (if needed, the DVR Counselor may contact the employer to gain verification of stability);</li> <li>• The job is consistent with the individual's strengths, resources, priorities, interests, concerns, abilities, capabilities, and informed choice</li> <li>• The client has been <b>stably employed</b> in the position for at least <b>90 days</b> and is expected to remain without further DVR services (DVR case closure).</li> </ul> <p><b>NOTE:</b> The counselor must determine the employment to be stable and enter a "Stability Date" into AWARE. A case cannot be closed successfully until at least 90 days have passed since the stability date was entered into AWARE. Counselors and JSPS providers should communicate routinely about when the stability date has been recorded to ensure clear understanding of when the client is eligible for successful closure and therefore the job placement service provider may be eligible for the successful closure payment.</p> <p>Expectations for Payment:</p> <ul style="list-style-type: none"> <li>• The JPSP has followed up with client at a minimum of once per month upon hire into employment to provide continued support, assist with any vocational concerns that may arise, monitoring of the individual at the job site to assess employment stability, and report to the DVR Counselor progress and/or areas to address. When applicable, the JPSP will follow up with employer to gain feedback as well;</li> <li>• The JPSP must submit monthly progress reports detailing client contact and a description of any services provided until successful employment has been secured;</li> <li>• JPSP must submit a Closure Report and final invoice to DVR Counselor within one calendar week of or after a minimum of 90 days or when closure is deemed appropriate. Closure report will include rationale for determining employment is stable and detailing client's employment information;</li> <li>• Payment is made when case meets criteria to be closed rehabilitated. All outstanding invoices must be paid before the case is closed.</li> <li>• The DVR Counselor is responsible for determining when the client's case shall be closed rehabilitated.</li> </ul>

		Authorization: The DVR Counselor authorizes for Milestone 3 after Milestone 2 has been paid. The JPSP must be “active” and in good standing at the time of successful closure to receive payment
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## 14.12 Exceptional Wage Payment

\$200 Procedure code: 87001-06	\$200 Procedure code: 87002-06	<p>An additional payment is available when the client’s wages at successful closure is 25% above the Department of Labor’s prevailing wage or higher of the most recent year for comparable positions. To receive payment for exceptional wages, the JPSP must request such payment and provide documentation of the client’s wage exceeding the prevailing wage. The DVR Counselor must file this documentation in the client case file. More information can be obtained here:  <a href="https://www.colorado.gov/pacific/sites/default/files/Exceptional%20Wage%20Calculation%20-%20CDLE.pdf">https://www.colorado.gov/pacific/sites/default/files/Exceptional%20Wage%20Calculation%20-%20CDLE.pdf</a>.</p> <p>Authorization: The DVR Counselor authorizes when Milestone 2 is paid (if applicable, and the wage is verified with the client). Payment is made directly before closure if requested by the JPSP and documentation verifies that criteria for payment are met.</p>
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## 14.13 Employer Hiring Incentives

### 14.13.1 Employment Stipend

(Procedure code 86757-01)

A payment to an employer for part of a client's salary when necessary to procure a competitive integrated employment. Wages must be commensurate to those provided to other employees performing the same or similar work

#### Requirements

- Stipend may not exceed 100% of the client’s monthly salary for any month;
- Stipend is limited to a maximum of one month;
- Payment for both On-The-Job training and an employment stipend to the same employer is not allowed.

### 14.13.2 On-the-Job Training

(Procedure codes 27300-01, 27300-02, 27300-03, 27300-04)

Job skill training provided by the employer in an employment setting after placement has been secured with the clear expectation that employment in the same or a similar job for the employer will continue if training is successful. The training fee paid to the employer by DVR is designed to offset the employer’s costs for lost productivity while training the consumer to perform job duties satisfactorily. All on-the-job training arrangements will be documented using DVR’s On-the-Job Training document.

#### Requirements

- Individuals must be compensated by the employer at the usual and customary wages for the required skill level and type of position in which the individual is placed.

- Typical training period shall not exceed three months. When three months of on-the-job training is insufficient to permit the consumer to develop the skills necessary to perform the job duties satisfactorily, the counselor may approve additional months of training in 1-month increments. For each additional month approved, a new OJT Agreement must be developed. The total number of months of on-the-job training shall not exceed six months.
- Payment includes written monthly training reports from the employer that identifies, at a minimum, the training content and skills taught during the month and the degree of mastery demonstrated by the consumer.
- Payment for both on-the-job training and an employment stipend to the same employer is not allowed.

Monthly Payment Rate: Payment is made to the employer in accordance with the individual's wages with the following during the training period:

- First month cannot exceed 75% of the individual's salary or wage;
- Second month cannot exceed 50% of the individual's salary or wage;
- Third month cannot exceed 25% of the individual's salary or wage.

**NOTE:** Variation from the payment schedule outlined above is permitted if justified. However, payment for any month cannot exceed 75% and the total payments for the term of the OJT Agreement cannot be more than 50% of the individual's salary or wage.

## 14.14 Job Search Activities as Standalone Services

### 14.14.1 Job Seeking Skills Training (JSST)

(Procedure codes 27500-01, 27500-02)

Training to teach clients how to independently job search, including preparing résumés, completing applications, and interviewing. Typically, JSST would not be provided more than once to the same client over the course of the Individualized Plan for Employment unless the counselor determines with appropriate justification that further training is needed.

Payment Rate, Individual

- Up to \$26.00 per hour
- Up to 15 hours (maximum \$390.00)
- Covers all costs for training, including preparation of periodic written reports

Payment Rate, Group

- Up to \$11.00 per hour
- Up to 15 hours (maximum \$165.00)
- Covers all costs for training, including preparation of periodic written reports

### 14.14.2 Job Club

(Procedure code 81500-01)

A structured group setting to provide assistance and support for job search activities, emphasizing self-directed job search techniques. The service is intended to be transferable to enable the client to conduct an independent job search. Providing Job Club services repeatedly is not typically expected to occur unless appropriate justification is provided in the service record.

#### Payment Rate

- Up to \$52.00 per week per client
- Up to 15 consecutive weeks (maximum \$780.00)
- Covers all costs for training, including preparation of periodic written reports

#### 14.14.2(a) Successful Employment Outcome Resulting from Job Club

(Procedure code 81550-01)

DVR may make payment to any provider for a job placement, given all of the following conditions apply:

- The job placement represents employment in a competitive integrated community setting;
- The employment and work situation is consistent with clients strengths, resources, priorities, interests, concerns, abilities, capabilities, and informed choice as reflected in the IPE;
- The JPSP was actively involved in job placement activities with client, as evidenced by activities in monthly progress reports, client, and/or employer reports;
- The client has begun the job and has worked at least five full shifts or three weeks on the job at the job site performing their actual job duties (whichever occurs first), not including orientation time;
- The employment is expected to continue to be verified by DVR staff with client and/or employer;
- The Notice of Employment form has been completed and submitted to the DVR Counselor

#### Payment Rate

- \$105.00
- Payment made under separate authorization before service record is closed

### 14.15 Job Search and Placement Supplies: Clothing, Grooming, Résumé, and Other

#### 14.15.1 Clothing

(Procedure code 81101-01)

Clothing may be purchased if necessary, appropriate, and at least possible cost to attain employment.

#### 14.15.2 Grooming

(Procedure code 81200-01)

Grooming supplies and services may be purchased necessary, appropriate, and at least possible cost to attain employment.

#### 14.15.3 Résumé and Cover Letter

(Procedure codes 86040-01, 86040-02, 86040-03)

Once resume preparation is completed, it is not typically expected that this service would be provided repeatedly as the résumé can be updated as needed. This service cannot be combined with Job Seeking Skills Training (JSST) and is a one-time charge.

#### **14.15.3(a) Basic Resume and Cover Letter**

Preparing a client's *basic résumé and cover letter* is included as part of Milestone 1 and would not be authorized when not using Tiers I and II. This service may be authorized separately for clients not receiving job search and placement assistance from a job placement service provider.

##### **Payment Rate**

- \$100.00
- Includes 20 hard copies and résumé in electronic format

#### **14.15.3(b) Federal Résumé and Cover Letter**

Preparing a client's résumé and cover letter in the federal format (including account set up at [www.usajobs.gov](http://www.usajobs.gov)) has a separate rate.

##### **Payment Rate**

- \$250.00
- Includes 20 hard copies and résumé in electronic format

#### **14.15.3(c) Basic and Federal Résumé with Cover Letter**

This service includes preparing a basic résumé *and* a federal résumé (including account setup at [www.usajobs.gov](http://www.usajobs.gov)) for a client.

##### **Payment Rate**

- \$300.00
- Includes 20 hard copies each of basic and federal, cover letters for both, and providing resumes in electronic format

#### **14.16 Supplies, Other**

(Procedure code 81001-01)

## Chapter 15: Supported Employment Services

Supported employment services are provided by DVR as ongoing support services, including customized employment, and other appropriate services needed to support and maintain an individual with a most significant disability in Competitive Integrated Employment (CIE), including a youth with a most significant disability. Employment must be consistent with the client's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Supported employment services rates apply to an individual that meets policy criteria to have a Supported Employment IPE (see DVR Policy Manual 14.5).

Individuals may receive supported employment services for up to 24 months, which may be extended under special circumstances (see DVR Policy Manual 14.3.1).

Any Job Placement Service Provider (JPSP) working with multiple DVR clients must ensure that reporting and billing hours are provided for each client accurately. This includes the expectation to report and bill in quarter hours.

Generally, vendors providing job search and placement services who hire a client at their own business are not eligible to receive the placement fee, an employer stipend, or OJT wage reimbursement. In cases where a position within a company or organization providing job search and placement services is competitive integrated employment that requires job search and placement services to secure, the vendor shall discuss the potential employment with the rehabilitation counselor (prior to invoicing) to determine the scope of services provided and whether the placement fee, employer stipend, or OJT wage reimbursement is appropriate.

The following table outlines the activities, fees, and requirements of job search and placement services in chronological order

### 15.1 Job Placement Agreement

Fee	Description of Activity and Requirements
Completion Required (no applicable fees)	Includes a meeting between the DVR counselor, client, and JPSP to discuss pertinent information relevant to expectations of services: timelines, payments and authorizations, and a complete overview of the client's employment focus and needs for successful placement. Completion of the <b>Job Placement Agreement</b> is required and occurs before authorizing any job search and placement services. The <b>Job Placement Agreement</b> includes details of a 90-day face-to-face review of plan to be conducted between DVR Counselor, client, and JPSP if placement has not yet occurred.

### 15.2 Job Placement Plan

Fee	Description of Activity and Requirements
\$75  Procedure code 87002-00	Reflects joint planning collected between DVR counselor, client, and JPSP and is required to be submitted to the DVR Counselor within two weeks after initial meeting between DVR counselor, client, and JPSP.  Includes the following elements: <ul style="list-style-type: none"><li>• Employment goal (as stated on IPE)</li><li>• Description of how job seeking skills training and other activities will be implemented. For example: soft skills, professional attire and attitude, interview skills etc.</li><li>• Target wage and amount of hours desired per week</li></ul>

	<ul style="list-style-type: none"> <li>• Resources, employment barriers, and strategies to address barriers</li> <li>• Identified work accommodations that may be necessary. For example: adaptive software, sensory components within a work environment that need to be considered or adjusted, etc.</li> <li>• Indication that the JPSP, DVR Counselor, and client have discussed any SSI/SSDI considerations that may impact benefits such as income thresholds and how to address possible impacts</li> <li>• Agreed-upon standard for regular contact between client, JPSP and DVR Counselor</li> <li>• Identified plan for contacting employers and developing employment. This will include an initial list of employers to contact and standard number of employer contacts per week</li> <li>• Indication of any employer incentives to be utilized (e.g., OJT, Employer Stipend, etc.)</li> </ul> <p>Authorization: Occurs at the time the Job Placement Agreement is signed by all parties and is required for all clients who receive services from a JPSP. Authorized one time per client, per JPSP.</p>
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### 15.3 Milestone 1: Job Preparation and Development

Fee	Description of Activity and Requirements
Up to \$2,500  Up to 50 hours at \$50 per hr.  Procedure code 87002-01	<p>Includes services for the client to prepare for, engage in, and securing of employment in a competitive integrated setting that is consistent with the identified employment goal on IPE. Subsequently, the service provider submits typed monthly progress reports to DVR Counselor until job placement is achieved, regardless of whether an invoice is being submitted.</p> <p>Authorization: The DVR Counselor creates the authorization for Milestone 1 after the client has utilized informed choice to select a JPSP, and the Job Placement Agreement and Job Placement Plan have been signed by all parties. Authorization must be in place prior to any services being provided.</p> <p>Job Preparation and Development includes:</p> <ul style="list-style-type: none"> <li>• Training clients on how to conduct job searches, complete applications, identify and list references, target potential employers, and interview effectively soft skills, professional attire and attitude, interview skills etc.</li> <li>• Completing a basic résumé and cover letter. Includes and printing cost, including 20 hard copies and the résumé provided in electronic format; <i>A federal résumé maybe be authorized separately in conjunction with Milestone I, but a basic résumé may not.</i></li> <li>• Contacting employers directly (and confirmed with client) to obtain information about possible competitive job openings and to develop employer relationships;</li> <li>• Conducting on-site analysis and providing assistance to employers in identifying accommodations for clients, and/or addressing any barriers that may affect employment;</li> <li>• Working together with the DVR Counselor to educate and train employers in disability awareness;</li> <li>• Networking with other community agencies to increase contact and employment possibilities;</li> </ul>

	<ul style="list-style-type: none"> <li>Coordinating with DVR Counselor to complete a 90-day job search review if job placement has not occurred and adjust the <b>Job Placement Plan</b> if necessary. After the 90-day review, the JPSP, DVR Counselor, and client will continue to meet every 60 days until placement occurs;</li> <li>Submitting progress reports of job search activities and services to the DVR Counselor on the <b>Monthly Progress Report</b> form (submission of monthly progress reports continues until the client's DVR case is closed "successfully rehabilitated").</li> </ul> <p>Authorization: Based on the <b>Job Placement Plan</b>, the DVR Counselor will authorize for the projected number of hours per month. Milestone 1 is not intended to be authorized all at one time.  <i>A DVR counselor may authorize for up to an additional 20 hours. There must be clear documentation from the JPSP and Supervisor I approval.</i></p>
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#### 15.4 Milestone 2: Job Placement

Fee	Description of Activity and Requirements
\$600  Procedure code 87002-02	<p>The event when the client has secured employment. All conditions of job placement must be met before payment can be issued.</p> <p>Expectations for Payment</p> <ul style="list-style-type: none"> <li>The job placement represents competitive integrated employment;</li> <li>The employment and work situation is consistent with clients strengths, resources, priorities, interests, concerns, abilities, capabilities, and informed choice as reflected in the IPE;</li> <li>The JPSP was <i>actively</i> involved in job placement activities with client, as evidenced by activities in monthly progress reports, client, and/or employer reports;</li> <li>The client has begun the job and has worked at least five full shifts or three weeks on the job at the job site performing their actual job duties (whichever occurs first), not including orientation time;</li> <li>The employment is expected to continue to be verified by DVR staff with client and/or employer;</li> <li>The Notice of Employment form has been completed and submitted to the DVR Counselor.</li> </ul> <p><i>The JPSP will continue to submit monthly progress reports until client has achieved successful case closure.</i></p> <p>Authorization: The DVR Counselor authorizes for Milestone 2 after the <i>Job Placement Agreement</i> and <i>Job Placement Plan</i> are in place and no later than three weeks on the job. Payment for Milestone 2 is made after the <i>Job Placement Notice of Employment</i> form is submitted and verified with client. The DVR Counselor then will then authorize for Milestone 3 for the Successful Closure payment.</p>

## 15.5 Job Coaching

Fee	Description of Activity and Requirements
Individual, up to \$2,000	<p>Training services provided by an individual other than the employer (unless under a program of natural supports in a supported employment placement) to a client after job placement. Job coaching services includes job skill training, job site orientation, and coordination or provision of specific services at or away from the work site to maintain employment stability. Job Coaching is not intended to exceed more than 40 hours in one month.</p> <p>Exceptions:</p> <ul style="list-style-type: none"> <li>The DVR Counselor is required to complete the <i>Intent to Transfer Services</i> form when DVR services for job coaching will end in 30 calendar days. If the extended services provider is unable to accept client for ongoing services, DVR will continue to authorize for job coaching services up to 40 hours per month. This does not apply to clients funded in a mental health supported employment or school to work alliance program.</li> <li>If the DVR Counselor determines that more hours are needed after the provision of a majority of 40 hours, additional hours may be authorized.</li> </ul>
Up to 40 hours per month at \$50 per hr.	
For 2+ individuals, up to 40 hours per month at \$18 per hr.	
Procedure codes 28002-01, 28002-02, 28002-03, 28002-04	

## 15.6 Job Stability

Fee	Description of Activity and Requirements
\$1000	<p>A client must be determined to have stabilized in employment, which means:</p> <ul style="list-style-type: none"> <li>The client is reasonably expected to continue to perform all job duties acceptably without the provision of further vocational rehabilitation services;</li> <li>The client, DVR Counselor, employer, and support team agree that the employment is stable and satisfactory;</li> <li>It is anticipated that successful closure will be achieved after the 90 days of being in Extended Services;</li> <li>Extended services (ongoing support services that are funded by another source) are in place and sufficient to maintain the job.</li> </ul> <p>Expectations for Payment:</p> <ul style="list-style-type: none"> <li>The job placement represents competitive integrated employment;</li> <li>The employment and work situation is consistent with the client's strengths, resources, priorities, interests, concerns, abilities, capabilities, and informed choice as reflected in the IPE;</li> <li>The JPSP has submitted the Job Stability Report for Supported Employment.</li> </ul> <p><i>The JPSP will continue to submit monthly progress reports until client has achieved successful case closure, 90 days or more. Client and employer engagement is required through Extended Services provision, however, reporting to DVR is not necessary after DVR case closure.</i></p>
Procedure code 87002-07	

## 15.7 Expedited Placement

Fee	Description of Activity and Requirements
\$200  Procedure code 87002-04	<p>An additional placement payment to the JPSP when client secures employment as a result of their active involvement within 60 days of the begin date of the authorization for Milestone 1 and meets all other payment criteria of Milestone 2 payment.</p> <p>Authorization: DVR Counselor authorizes for an Expedited Placement Payment at the time as authorization for Milestone 1 and 2. If applicable, payment is made at the same time as payment for Milestone 2.</p>

## 15.10 Exceptional Wage

Fee	Description of Activity and Requirements
\$200  Procedure code 87002-06	<p>An additional payment is available when the client's wages at successful closure is 25% above the Department of Labor's prevailing wage or higher of the most recent year for comparable positions. To receive payment for exceptional wages, the JPSP must request such payment and provide documentation of the client's wage exceeding the prevailing wage. The DVR Counselor must file this documentation in the client case file. More information can be obtained here:  <a href="https://www.colorado.gov/pacific/sites/default/files/Exceptional%20Wage%20Calculation%20-%20CDLE.pdf">https://www.colorado.gov/pacific/sites/default/files/Exceptional%20Wage%20Calculation%20-%20CDLE.pdf</a></p> <p>Authorization: The DVR Counselor authorizes when Milestone 2 is paid (if applicable, and the wage is verified with the client). Payment is made directly before closure if requested by the JPSP and documentation verifies that criteria for payment are met.</p>

## 15.8 Supplemental Job Placement

Fee	Description of Activity and Requirements
\$300  Procedure code 87002-05	<p>Loss of Employment Prior to Closure: If the client loses the job before successful closure for reasons unrelated to the appropriateness of the initial placement, the DVR Counselor may authorize remaining Milestone 1 hours and/or the appropriate flat fee for Supplemental Job Placement Payment to the JPSP to continue to assist the client in finding employment that matches the desired employment goal, as stated on IPE. An authorization for the Supplemental Job Placement Payment can only be issued once per client, per JPSP.</p> <p>Authorization: The DVR Counselor shall not issue additional authorizations for Milestone 1 if the maximum amount of hours has already been paid. The DVR Counselor can authorize for the remaining amount of hours if the maximum amount of hours has not been reached and clear documentation from monthly progress reports and client contacts illustrate that the client would benefit from continuing to work with the placement provider. Milestone 1 hours, when available, can be billed as performed and with required documentation submitted to the DVR counselor. A Supplemental Job Placement Payment may be paid only upon placement into employment that matches the desired employment goal, as stated on the IPE.</p>

### 15.9 Milestone 3: Successfully Closed, Rehabilitated

Fee	Description of Activity and Requirements
\$200  Procedure code 87002-08	<p>Successfully Closed, Rehabilitated means:</p> <ul style="list-style-type: none"> <li>• The client has obtained the employment outcome planned in the Individualized Plan for Employment;</li> <li>• The client and DVR Counselor agree that the employment outcome is stable and satisfactory (if needed, the DVR Counselor may contact the employer to gain verification of stability);</li> <li>• The job is consistent with the individual's strengths, resources, priorities, interests, concerns, abilities, capabilities, and informed choice</li> </ul> <p><b>NOTE:</b> The counselor monitors the client for at least 90 days in extended services after the stability date has been established. The counselor must enter the "Stability Date" into AWARE. A case cannot be closed successfully until at least 90 days have passed since the stability date was entered into AWARE. Counselors and JSPS providers should communicate routinely about when the stability date has been recorded to ensure clear understanding of when the client is eligible for successful closure and therefore the job placement service provider may be eligible for the successful closure payment.</p> <p>Expectations for Payment:</p> <ul style="list-style-type: none"> <li>• The JPSP has followed up with client at a minimum of once per month upon hire into employment to provide continued support, assist with any vocational concerns that may arise, monitoring of the individual at the job site to assess employment stability, and report to the DVR Counselor progress and/or areas to address. When applicable, the JPSP will follow up with employer to gain feedback as well;</li> <li>• The JPSP must submit monthly progress reports detailing client contact and a description of any services provided until successful employment has been secured;</li> <li>• The client has achieved job stability and received extended services for at least 90 days. The DVR Counselor is responsible for determining when the client's case shall be closed rehabilitated.</li> <li>• JPSP must submit a Closure Report and final invoice to DVR Counselor when closure is deemed appropriate;</li> <li>• Payment is made when case meets criteria to be closed rehabilitated. All outstanding invoices must be paid before the case is closed.</li> </ul> <p>Authorization: The DVR Counselor authorizes for Milestone 3 after Milestone 2 has been paid. The JPSP must be "active" and in good standing at the time of successful closure to receive payment.</p>

### 15.11 Extended Services

Extended services are the ongoing and other support services that are needed to support and maintain an individual with a most significant disability in supported employment. DVR is only able to fund extended services for youth through age 24 receiving supported employment services, and only if other funding sources are not available. When it is necessary for DVR to fund extended services, this funding is available for of a period of up to 4 years or when the

youth turns 25, whichever occurs first. The client begins to receive extended services when he or she has achieved job stability, which means:

The individual is reasonably expected to continue to perform all job duties acceptably without the provision of further vocational rehabilitation services beyond extended services;

- The client, DVR counselor, employer, and support team agree that the employment is stable and satisfactory;
- It is anticipated that successful closure will be achieved once alternative funding is identified and extended services have been provided for not less than 90 days; and
- Extended services are sufficient to maintain the job.

#### **15.11.1 ES Job Coaching**

(Procedure codes ES28002-01, ES28002-03)

Training services provided by an individual other than the employer (unless under a program of natural supports in a supported employment placement) to an individual in supported employment after achieving job stability for a period not less than 90 days. ES - Job Coaching services include job skill training and coordination or provision of specific services at or away from the work site to maintain employment stability.

Payment Rate, ES Job Coaching, Individual

- Coaching provided directly by the job coach to the individual.
- Up to 40 hours per month at \$50 per hour

Payment Rate, ES Job Coaching-Group

- Coaching provided directly by the job coach to two or more individuals employed at the same work site.
- Up to 40 hours per month at \$18 per hour

#### **15.11.2 ES Transportation**

(Procedure codes ES31000-01, ES31000-15 ES31000-05 ES31000-03, ES31000-04)

##### **15.11.2(a) ES Public Transportation**

Whenever available, public transportation is the primary option for participating in DVR services unless the individual's impairment-related limitations prevent use of public transportation. Or, if the individual chooses to use his/her own vehicle when public transportation is available and accessible, DVR may provide mileage reimbursement but at a rate not to exceed the cost of public transportation.

##### **15.11.2(b) ES Participant Reimbursement**

DVR may reimburse participants for use of a personal vehicle at a rate not to exceed the cost of available public transportation unless the individual's impairment-related limitations prevent the use of public transportation. The cost of available public transportation is determined through review of local transit provider fares, taking into consideration potential eligibility for reduced fares for individuals with disabilities. A DVR Vehicle Mileage Log shall be completed to determine if the reimbursement will be at the equivalent rate of a bus pass or based on actual miles (whichever is less).

Any reimbursement is in accordance with State Fiscal Rule 5-1, State Controller's Policy under the Prevailing Mileage Rate, \$.49/mile ([www.colorado.gov/pacific/osc/mileage-reimbursement-rate](http://www.colorado.gov/pacific/osc/mileage-reimbursement-rate)). A higher mileage reimbursement rate for four-wheel drive vehicles is allowable only when necessary because of road, terrain, or adverse weather conditions. If the 4WD mileage reimbursement rate is requested, documentation substantiating the circumstance must be attached to the DVR Mileage Reimbursement Log.

#### Requirements

- Valid driver's license
- Current vehicle insurance
- Use of a registered vehicle
- Copies of these documents with the DVR counselor
- Monthly submission of DVR Vehicle Mileage Log
- Calculation and approval by the DVR counselor

#### **15.11.2(c) ES Cab Fare**

Cab fare may be paid only when the individual cannot utilize any other less expensive form of transportation, including public transportation.

#### Payment Rate

- Lowest available usual and customary rates, not to exceed fees charged to other individuals or entities under comparable circumstances.
- An additional fee, negotiated with the cab company, if the individual requires "door-to-door" pick-up and delivery assistance due to the disability

#### **15.11.2(d) ES Mobility Van/Ambo Cab**

Mobility van services provide "curb-to-curb" service unless the individual requires "door-to-door" pick-up and delivery assistance due to the disability. Mobility van services may be used only if the individual's circumstances preclude the utilization of other, less expensive means of transportation.

#### Payment Rate

- Base Rate \$12.06 per round-trip
- Add to the base rate \$.49 per mile
- "Door-to-door" pick-up and delivery assistance due to the disability negotiated with provider in advance

#### **15.11.3 ES Personal Adjustment Training (PAT)**

(Procedure codes ES21250-01, ES21250-02, ES21350-01, ES21200-01, ES21200-02, ES21300-01, ES21300-02)

Training provided to help individuals in supported employment with disabilities develop compensatory skills and/or to adjust behavior in the areas of independent living, communications, homemaking, personal mobility and ability to travel in the community, and personal functioning, to the extent necessary to support and maintain their current employment.

*Facility-based* PAT is PAT provided directly to an individual, typically in a community rehabilitation program, clubhouse, independent living center, or residential facility. Facility-

Based WAT is only utilized to the extent an integrated community setting is not able available to adequately meet the individual's needs.

*Community-based PAT* is PAT provided directly to an individual at the individual's home or other community site.

#### Payment Rate, ES Facility-Based PAT for Persons with a Disability Other than Visual Impairment

- Monthly
  - 30+ hours of direct individual service provision
  - Up to \$480.00 per month
  - Covers all costs for the training, including preparation of periodic written reports and the provider's normal travel
  - Includes use of assistive technology devices necessary for the individual to participate in the training program
- Partial Months
  - 1-29 hours of direct individual service provision
  - Up to \$16.00 per hour—covers all costs for the training
  - Covers all costs for the training, including preparation of periodic written reports and the provider's normal travel
  - Includes use of assistive technology devices necessary for the individual to participate in the training program

#### Payment Rate, ES Facility-Based PAT for Persons with Visual Impairment (VI)

- Up to \$4000.00 per month
- Includes all costs required for rehabilitation teaching, orientation and mobility, communications training, braille instruction, daily living skills training, basic computer orientation, home maintenance instruction, instruction in personal management, social development, self-esteem building, and adjustment to blindness
- Includes the use of assistive technology devices necessary for the individual to participate in the training program
- Covers costs associated with the preparation of periodic written reports and the provider's travel within the provider's normal service delivery area

#### Payment Rate, ES Community-Based PAT for Persons with a Disability Other than Visual Impairment

- Monthly
  - 25+ hours of direct on-site instruction
  - Up to \$680.00
  - Covers all costs for instruction, including preparation of monthly written reports and the provider's travel to sites within the provider's normal service delivery area
- Partial Months
  - 1-24 hours of direct on-site instruction
  - Up to \$26.00 per hour
  - Covers all costs for instruction, including preparation of monthly written reports and the provider's travel to sites within the provider's normal service delivery area

#### Payment Rate, ES Community-Based PAT for Persons with Visual Impairment (VI)

- Monthly
  - Applies to a full month of service provision (25+ hours of direct on-site instruction)
  - Up to \$770.00 per month
  - Covers instructional costs for all components of a rehabilitation teaching program and mobility training, including the preparation of periodic written reports
- Partial Months
  - 1-24 hours of direct on-site individual service provision
  - Up to \$31.00 per hour
  - Covers instructional costs for all components of a rehabilitation teaching program and mobility training, including preparation of periodic written reports

#### 15.11.4 ES Assistive Technology

(Procedure code ES55501-01)

A separate payment can be made for the purchase of assistive technology devices necessary for individual to participate at the lowest available usual and customary rates.

## Chapter 16: Supportive and Other Services

### 16.1 Benefits Counseling

(Procedure code 90000-01)

Assistance provided by a Community Work Incentives Coordinator (CWIC) or Community Partner Work Incentives Coordinator (CPWIC) to an individual who is interested in becoming employed, but is uncertain of the impact work income may have on any disability benefits and entitlements being received, and/or is not aware of benefits, such as access to healthcare, that might be available to support employment efforts.

This service typically involves an analysis of an individual's current benefits, such as SSDI and SSI, the individual's financial situation, and the effect different income levels from work will have on the individual's future financial situation. This assistance is intended to provide the individual an opportunity to make an informed choice regarding the pursuit of employment.

#### Payment Rate

- Up to \$100.00 per hour
- Covers all components of benefits counseling, including the preparation of periodic written reports

### 16.2 Transportation

Transportation services cover travel and travel-related expenses for transporting applicants and eligible individuals (and their attendants or escorts) to enable them to participate in other vocational rehabilitation services being furnished. Transportation services include payment for the transit of individuals and/or escorts to and from specific locations as planned for on the Individualized Plan for Employment (IPE), emergency automobile repair, payment of parking fees, etc. Transportation is a need-tested service assessed through the Financial Need Analysis and shall only be provided in conjunction with the provision of a core service(s). Transportation shall not be provided by itself or in conjunction with only maintenance payments, services to family members, and/or personal assistance services.

#### 16.2.1 Public Transportation

(Procedure code 31000-01)

Whenever available, public transportation is the primary option for participating in DVR services unless the individual's impairment-related limitations prevent use of public transportation. Or, if the individual chooses to use his/her own vehicle when public transportation is available and accessible, DVR may provide mileage reimbursement but at a rate not to exceed the cost of public transportation.

### 16.2.2 Personal Automobile, Participant Reimbursement

(Procedure code 31000-15)

DVR may reimburse participants for use of a personal vehicle at a rate not to exceed the cost of available public transportation unless the individual's impairment-related limitations prevent the use of public transportation. The cost of available public transportation is determined through review of local transit provider fares, taking into consideration potential eligibility for reduced fares for individuals with disabilities. A DVR Vehicle Mileage Log shall be completed to determine if the reimbursement will be at the equivalent rate of a bus pass or based on actual miles (whichever is less).

Any reimbursement is in accordance with State Fiscal Rule 5-1, State Controller's Policy under the Prevailing Mileage Rate, \$.49 per mile (<https://www.colorado.gov/pacific/osc/mileage-reimbursement-rate>). A higher mileage reimbursement rate for four-wheel drive vehicles is allowable only when necessary because of road, terrain, or adverse weather conditions. If the 4WD mileage reimbursement rate is requested, documentation substantiating the circumstance must be attached to the DVR Mileage Reimbursement Log.

**NOTE:** Mileage reimbursement is compensation for fuel as well as normal automobile maintenance on vehicle(s), incidental repairs, and insurance.

#### Requirements

- Valid driver's license
- Current vehicle insurance
- Use of a registered vehicle
- Copies of these documents with the DVR counselor
- Monthly submission of DVR Vehicle Mileage Log
- Calculation and approval by the DVR counselor

### 16.2.3 Emergency Automobile Repair

(Procedure code 31000-02)

#### Requirements

- Individual cannot utilize any other available mode of transportation and vehicle cannot be operated safely
- Vehicle to be repaired is appropriately licensed and registered to the client or the client's spouse
- Payment to auto mechanic or repair shop will be at the lowest available usual and customary rates, as determined through obtainment of informal quotes
- DVR staff has consulted supervisor, as appropriate, and the DVR Service Policy Manual for additional considerations related to automobile repair (e.g., repair costs exceeding Kelley Blue Book car value)

**NOTE:** Automobile maintenance is the routinely scheduled services, inspections, part replacements, and insurance. Maintenance is covered through mileage reimbursement and is therefore not otherwise provided as a separate DVR service.

#### 16.2.4 Cab Fare

(Procedure code 31000-05)

Cab fare may be paid only when the individual cannot utilize any other less expensive form of transportation, including public transportation.

##### Pay Rate

- Lowest available usual and customary rates, not to exceed fees charged to other individuals or entities under comparable circumstances.
- An additional fee, negotiated with the cab company, if the individual requires “door-to-door” pick-up and delivery assistance due to the disability

#### 16.2.5 Mobility Van/Ambo Cab

(31000-03, 31000-04)

Mobility van services provide “curb-to-curb” service unless the individual requires “door-to-door” pick-up and delivery assistance due to the disability. Mobility van services may be used only if the individual's circumstances preclude the utilization of other, less expensive means of transportation.

##### Pay Rate

- Base Rate \$12.06 per round-trip
- Add to the base rate \$.48 per mile
- “Door-to-door” pick-up and delivery assistance due to the disability negotiated with provider in advance

### 16.3 Maintenance

(Procedure code 35000-01)

Maintenance is monetary support that may be provided to an individual to cover expenses that are IN EXCESS of (or over and above) the normal expenses that an individual may incur for the participation in assessment for determining eligibility or services under an IPE.

#### 16.3.1 Requirements

- Comparable benefits search
- Eligible individuals complete Financial Needs Analysis, as applicable
- Not to be provided to replace previous sources of income that are no longer available due to the individual's participation in the vocational rehabilitation program
- Not to be provided by itself or in conjunction with only transportation, services to family members, or personal assistance services

##### Payment Rate

- Limited to actual increased costs for food, shelter, and clothing minus the amount the individual is required to pay normally.
- Standardized comparative values have been created in order to compare the cost of living between two communities. The tool to calculate maintenance payments is located online: <http://livingwage.mit.edu/>

## 16.4 Personal Assistance Services

Personal assistance services are a range of services to assist an individual with a disability to perform daily living activities that the individual would typically perform without assistance if the individual did not have a disability. The services must be designed to increase the individual's independence and ability to perform everyday activities on or off the job. The services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other vocational rehabilitation services. The services may include training in managing, supervising and directing personal assistance services.

### 16.4.1 Attendant Care/Personal Assistance Services

(Procedure code 35800-01)

Attendant care is assistance provided to an applicant or eligible individual in the performance of personal care tasks, such as grooming, administering medications, bowel and bladder activities, bathing, etc.

The payment rate is the lowest available usual and customary rates charged to other individuals with comparable care needs.

### 16.4.2 Homemaking Assistance

(Procedure code 35850-01)

Homemaking activities include assistance in performing and/or managing household tasks, shopping, bill paying, etc.

The payment rate is the lowest available usual and customary rates charged to other individuals with comparable care needs.

## 16.5 Services to Family Members of an Applicant or Eligible Individual

Supportive services may be provided to family members only when necessary to enable the applicant or eligible individual to achieve an employment outcome. Such services may include childcare and eldercare when the individual is responsible for the daily living needs of children or parents, family relocation costs when necessary for the employment of the individual, family therapy, and transportation for family members.

### 16.5.1 Transportation for Family Members

Transportation services available to members of an individual's family are the same as those for transportation services provided to the individual:

- Bus Pass Rate, Public Transportation (Procedure code 31304-01)
- Private Vehicle: Insurance, repair, and other expenses; not vehicle modifications (Procedure code 31304-02)
- Mobility Van/Ambo Cab (Procedure code 31304-03), base rate, add to the per mile rate
- Mobility Van/Ambo Cab (Procedure code 31304-04), per mile, add to the base rate
- Cab Fare (Procedure code 31304-05), ONLY when cannot utilize public transportation
- Airfare or Other Non-Local Transportation (Procedure code 31304-06)
- Personal Vehicle Mileage Reimbursement (Procedure code 31304-08), limited to available public transportation cost

### 16.5.2 Counseling for Family Members

Counseling services for a client's family members are similar to those services provided to the individual, and may take place in a group or individual setting.

### 16.5.3 Childcare and Eldercare

(Procedure code 35504-01)

The maximum amount payable for child or eldercare is determined by the rate paid by the county department of social services in the county in which the services are provided.

Payment Rate: Please refer to your local county Department of Human Services for childcare and eldercare rates.

## Appendix A: Provider Standards

Vocational goods and services can only be purchased from organizations and individuals who meet the Division of Vocational Rehabilitation's minimum standards.

### Accrediting Organizations

The following organizations appear throughout the "Standards for Providers":

- **Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP)** – certifies individuals who provide rehabilitation and education services to persons with vision loss or blindness.
- **Association for Driver Rehabilitation Specialists for the Disabled (ADED)** – certifies individuals who teach persons with disabilities to drive using adaptive equipment or adapted vehicles.
- **Commission on Accreditation of Rehabilitation Facilities (CARF)** – conducts on-site reviews to look at a provider's overall organizational structure, management, governance, qualifications of staff, as well as each service component. CARF ACCREDITATION accredits specific program area(s) surveyed.
- **Commission on Rehabilitation Counselor Certification (CRCC)** – certifies rehabilitation counselors (CRCs) and renews certification of existing vocational evaluators (CVEs).
- **National Association of the Deaf (NAD)** – offered certifications to providers of interpreting and transliteration services to persons who are deaf or hard-of-hearing between the early 1990s and late 2002. To continue to maintain certification, NAD credentialed interpreters must be registered with RID and comply with all aspects of RID's Certification Maintenance Program.
- **National Mobility Equipment Dealers Association (NMEDA)** – qualifies dealers of equipment used to adapt vehicles for persons with disabilities through its "Quality Assurance Program."
- **Registry of Interpreters for the Deaf (RID)** – a national organization with stringent standards that certifies American Sign Language (ASL) interpreters.
- **Rehabilitation Engineering & Assistive Technology Society of North America (RESNA)** – certifies professionals assisting in the selection of appropriate assistive technology for persons with disabilities and providing training in the use of the selected device(s).
- **Rehabilitation Services Accreditation System (RSAS)** – accreditor that conducts on-site reviews to evaluate the overall performance outcomes of the service provider. It also requires monthly service outcome data from the service provider, which is made available to the Division for monitoring service provider effectiveness and consumer satisfaction.

For most goods and services, there is a range of acceptable qualifications that may vary, depending on whether the provider is a multiple-employee outfit or an individual.

The standards are organized in the following order:

- I. Non-Medical Assessment
- II. Training
- III. Communication Services
- IV. Rehabilitation/Assistive Technology

- V. Occupational Licenses, Tools, and Equipment
- VI. Job Search and Placement
- VII. Self-Employment
- VIII. Other Services

## I. Non-Medical Assessment

### Standardized Vocational Evaluations

- CARF accreditation in the area of Comprehensive Vocational Evaluation Services and/or
- RSAS accreditation

**- OR -**

The individual providing the vocational evaluation service possesses one or more of the following:

- CVE certification
- Occupational Therapy License

### Situational Assessments: Facility-Based

- CARF accreditation in the area of Comprehensive Vocational Evaluation Services or Community Employment Services and/or
- RSAS accreditation

**- OR -**

The individual providing the situational assessment service(s) possesses one or more of the following:

- CVE certification
- Certification in Occupational Therapy
- Bachelor's degree or higher in Rehabilitation Services, Rehabilitation Counseling, or closely related field.

### Situational Assessments: Community-Based

- CARF accreditation and/or
- RSAS accreditation

**- OR -**

The individual performing the situational assessment service(s) possesses one or more of the following:

- CVE certification
- Occupational Therapy License
- Bachelor's degree or higher in Rehabilitation Services, Rehabilitation Counseling, or closely related field
- One year of full-time work experience providing the service which demonstrates to the Division's satisfaction the skills and experience necessary to provide the service(s)

### Personal Adjustment Evaluations (VI)

- CARF accreditation in the area of Personal, Social & Community Support Services
- RSAS accreditation

- OR -

The individual performing the personal adjustment evaluation service(s) possesses at least one of the following:

- Bachelor's degree or higher in Rehabilitation Services or closely related field
- Eligibility for certification through the Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP)
- Bachelor's degree or higher in Orientation & Mobility Services
- Bachelor's degree or higher in Rehabilitation Teaching or Vision Services

### Rehabilitation Technology Evaluations

- CARF accreditation in the area of Assistive Technology for Employment or in Assistive Technology for Living and/or
- RSAS accreditation

- OR -

The individual performing the evaluation:

- RESNA certification

and/or

- is a Registered Physical Therapist, and/or
- is an Occupational Therapist – Registered, and/or
- is a design engineer and/or
- possesses a degree in rehabilitation technology, and/or
- possesses a degree in speech pathology

- OR -

The individual performing the evaluation for an individual must have a minimum of one year of full-time work or personal experience using adaptive devices and/or other assistive technology accommodations designed for use for individuals that demonstrates to the Division's satisfaction that he or she possesses the skills and experience necessary to effectively evaluate an individual's rehabilitation technology needs.

### Adaptive Driving Evaluation

ADED certification

## II. Training

### Adjustment Training

#### *Work Adjustment Training: Facility-Based*

- CARF accreditation in the area of Employee Development Services, Community Employment Services, or Organizational Employment Services
- RSAS accreditation

- OR -

The individual performing the work adjustment training possesses at least one of the following:

- CVE
- Occupational Therapy License
- Bachelor's degree or higher in Rehabilitation Services, Rehabilitation Counseling, or closely related field

#### *Work Adjustment Training: Community-Based*

- CARF accreditation in the area of Employee Development Services or Community Employment Services and/or
- RSAS accreditation

**- OR -**

The individual performing the work adjustment training:

- is a certified vocational evaluator by the Commission on Certification of Work Adjustment & Vocational Evaluation Specialists (CCWAVES), which is currently being monitored by CRCC,
- Occupational Therapy License
- Bachelor's degree or higher in Rehabilitation Services, Rehabilitation Counseling, or closely related field Minimum of one year's full-time work experience providing the service that demonstrates to the Division's satisfaction that he or she possesses the skills and experience necessary to provide valid and useful work adjustment training.

#### *Personal Adjustment Training (Non-VI)*

- CARF accreditation in the area of Personal, Social & Community Support Services and/or
- RSAS accreditation

**- OR -**

- The individual performing the personal adjustment training services possesses a bachelor's degree or higher in one or more of the following areas of study:
  - Rehabilitation Services
  - Rehabilitation Counseling
  - Social Work
  - Occupational Therapy
  - Closely-related field

#### *Personal Adjustment Training (VI)*

- CARF accreditation in the area of Personal, Social & Community Support Services and/or
- RSAS accreditation

**- OR -**

The individual performing the personal adjustment training services possesses a bachelor's degree or higher in one or more of the following areas of study:

- Rehabilitation Services
- Rehabilitation Counseling

- Social work
- Occupational Therapy
- Vision Rehabilitation Therapy
- Orientation & Mobility
- Closely related field
- Eligibility for certification through ACVREP
- Closely-related field

### *Cognitive/Learning Disabilities Training*

- Speech-Language Pathology Certification
- Colorado license to practice psychology
- Colorado Department of Education License Endorsement in School Psychology
- Bachelor's or Master's Degree in Special Education with a current teaching certificate

## Communication Skills Training

### *Augmentative Communication*

Demonstrated proficiency in training in communication techniques or devices

### *Braille Training*

Proficiency in Grade 2 or higher Braille

### *English as a Second Language*

The individual providing the training has training in English language instruction and/or possess a current Colorado educator license in the appropriate area

### *Sign Language: Certified Interpreter, including Certified Deaf Interpreter* (Reviewed February 2016)

The individual providing the service must possess certification with the Registry of Interpreters for the Deaf (RID) or NAD certification at the advanced or master level in compliance with all aspects of RID's Certification Maintenance Program

### *Driver's Training (Non-Adaptive)*

In Colorado, the instructor must be state-certified

## Academic Training

<i>Colorado Colleges and Universities</i>	<i>Private/Out-of-State Colleges and Universities</i>
<ul style="list-style-type: none"> <li>• Must be accredited and authorized to operate by Colorado Department of Higher Education</li> <li>• Seminary or Bible colleges do not require accreditation or authorization by the State if pursuing degree or certificate in religious-related studies</li> </ul>	Must be accredited and authorized to operate in residing state

### *GED Preparation*

Demonstrates to the Division's satisfaction that the individual providing the service is capable of instructing adults in the acquisition of the academic skills necessary to pass the GED examination.

### *Trade, Business, and Vocational Schools*

- Must be an accredited school
- If in Colorado, must also be authorized to operate by Colorado Division of Private Occupational Schools
- Depending on the type of school and training provided, may require licensure by or registration with the Colorado Department of Regulatory Agencies
- Schools outside of Colorado must also be authorized to operate in accordance with that state's regulations

### *Other Skill Training*

- CARF accreditation in the area appropriate to the training location and content and/or
- RSAS accreditation

**- OR -**

The individual performing the skill training must possess at least one of the following:

- Bachelor's degree or higher in Rehabilitation Services, Rehabilitation Counseling, special education, or closely related field
- Demonstrated skills to the Division's satisfaction that can provide the specific skills training required by the client

### *Books, Supplies, and Materials*

A business must be licensed in the state of purchase.

### ***Non-Adaptive Training Equipment***

- A business must be licensed in the state of purchase.
- The individual providing the non-adaptive training equipment can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licenses necessary to legally provide the service(s).

### ***Tutorial Services***

The individual providing the service is capable of instructing adults in the acquisition of the skills necessary to achieve the objective and employment outcome identified on the Individual's Plan for Employment.

## **Other Training Services**

### ***On-the-Job Training***

Individual providing the training services possesses the education and skills necessary to enable the consumer to acquire the skills and knowledge for successful performance of the job duties identified as the employment outcome.

### ***Job Coach***

- CARF accreditation in the area of Community Employment Services
- RSAS accreditation

**- OR -**

Individual performing the job coaching possesses one or more of the following:

- Bachelor's degree or higher in Rehabilitation Services, Rehabilitation Counseling, special education, or a closely related field
- One year or more of full-time work experience providing satisfactory job coaching services

## **III. Communication Services**

(Reviewed February 2016)

### ***Sign Language: Certified Interpreter, including Certified Deaf Interpreter***

Individual providing service must possess:

Certification with the Registry of Interpreters for the Deaf (RID)

**- OR -**

NAD certification at the advanced or master level in compliance with all aspects of RID's Certification Maintenance Program

### ***Sign Language: Communication Assistant, including Deaf Communication Assistant***

A qualified individual or family member who can demonstrate accurate understanding of what a client says or who can accurately communicate to the consumer what is being said into the preferred mode of communication.

### Foreign Language Interpreter

Individual providing service must possess a Bachelor's Degree in the language to be spoken.

A counselor and client may also choose the following two options:

- A non-family member who is able to facilitate accurate communication with the consumer in the consumer's native language
- Family member who can demonstrate accurate communication with the consumer in his or her native language as well as in English.

### General Reading

Individual providing the reading service possesses either:

- High School Diploma or
- General Equivalency Diploma (GED)

**and**

Assures that the reading accurately communicates the printed text.

### Technical/Complex Reader Services or Reader Services with Technology Access

Individual providing reading of technical/complex material possesses:

Education or verifiable expertise in highly technical, industry-specific area

**- OR -**

Verifiable experience providing access to technology and electronic information that is not accessible to individuals with disabilities

**and**

Assures that the reading accurately communicates the printed text.

### Note Taking

Individual providing note taking services possesses either:

- High School Diploma or
- General Equivalency Diploma (GED)

**and**

Assures that the reading accurately communicates the printed text.

## IV. Rehabilitation/Assistive Technology Services

### Vehicle Modification

Individual or business providing the vehicle modification must be a member of the National Mobility Equipment Dealers Association (NMEDA).

### Residence Modification

Meets local city/county licensing and building requirements.

### Job Site Modification

Individual or organization possesses at least one of the following qualifications:

- CARF accreditation in the area of Assistive Technology for Employment or in Assistive Technology for Living
- RSAS accreditation
- RESNA certification
- Physical Therapy license
- Occupational Therapy license
- Experience as a rehabilitation engineer Degree in Rehabilitation Technology
- Degree in Speech Pathology
- Supervision or working at the direction of a DVR rehabilitation counselor or an otherwise qualified individual.
- Commitment to meet local city/county licensing and building requirements when construction is involved

### Purchase of Assistive Technology Devices

- A business must be licensed in the state of purchase.
- The individual providing the assistive technology devices can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).

### Rental and Repair of Assistive Technology Devices

- A business must be licensed in the state of purchase.
- The individual providing the rental or repair of assistive technology devices can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).

### Professional Rehabilitation Technology Services

- CARF accreditation in the area of Assistive Technology for Employment or in Assistive Technology for Living
- RSAS accreditation

**- OR -**

Individual performing the service possesses at least one of the following:

- RESNA certification
- Physical Therapy license
- Occupational Therapy license
- Experience as a rehabilitation engineer Degree in Rehabilitation Technology
- Degree in Speech Pathology
- Supervision or working at the direction of a DVR rehabilitation counselor or an otherwise qualified individual.
- A minimum of one year of full-time work or personal experience using adaptive devices and/or other assistive technology accommodations designed for use for individuals, which demonstrates to the Division's satisfaction that he or she possesses

the skills and experience necessary to effectively meet an individual's rehabilitation technology needs.

## V. Occupational Licenses, Tools, and Equipment

### Purchase of Non-Adaptive Occupational Tools and Equipment

- A business must be licensed in the state of purchase.
- The individual providing the non-adaptive occupational tools and/or equipment can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).

### Rental and Repair of Non-Adaptive Occupational Tools and Equipment

- A business must be licensed in the state of purchase.
- The individual providing the rental or repair of occupational tools and/or equipment can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).

### Occupational Licenses and Fees

Meets the appropriate state and other associated requirements necessary to administer tests and issue licenses.

## VI. Job Search and Placement

### Job Seeking Skills Training (JSST)

- CARF accreditation in the area of Employee Development Services or Community Employment Services **or**
- RSAS accreditation

**- OR -**

Individual providing JSST possesses at least one of the following:

- Bachelor's degree or higher in Rehabilitation Services, Rehabilitation Counseling, human resources, marketing, job placement, or closely-related field
- Minimum of one year full-time work experience providing the service which demonstrates to the Division's satisfaction the skills and experience necessary.

### Placement Goods (Including Clothing, Grooming, and Résumés)

- A business must be licensed in the state of purchase.
- The individual providing the job placement supplies can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the supplies.

### Job Club

- CARF accreditation in the area of Community Employment Services
- RSAS accreditation

- OR -

Individual performing the job club services possesses at least one of the following:

- Bachelor's degree or higher in Rehabilitation Services, Rehabilitation Counseling, human resources, marketing, job placement, or closely related field
- Minimum of one year full-time work experience providing the service that demonstrates to the Division's satisfaction that he or she possesses the skills and experience necessary to provide job club services

### Job Placement

- CARF accreditation in the area of Community Employment Services
- RSAS accreditation

- OR -

Individual performing job placement services possesses at least one of the following:

- Bachelor's degree or higher in Rehabilitation Services, Rehabilitation Counseling, human resources, marketing, job placement, or closely related field
- Minimum of one year full-time work experience providing the service that demonstrates to the Division's satisfaction that he or she possesses the skills and experience necessary to provide job placement services

### Employer Stipend

A business must be licensed in the state of purchase.

## VII. Self-Employment Services

### Purchase of Non-Adaptive Occupational Tools and Equipment

- A business must be licensed in the state of purchase.
- The individual providing the occupational tools and/or equipment can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).

### Rental and Repair of Non-Adaptive Occupational Tools and Equipment

- A business must be licensed in the state of purchase.
- The individual providing the rental or repair of occupational tools and/or equipment can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).

### Initial Stock and Inventory

A business must be licensed in the state of purchase.

<b>Self-Employment Services &amp; Consultation</b>
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- |  |
|--|
| <ul style="list-style-type: none"><li>• A business must be licensed in the state of purchase.</li><li>• The individual providing the self-employment services can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licenses necessary to legally provide the service(s).</li></ul> |
|--|

## VIII. Other Services

<b>Benefits Counseling</b>
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The individual providing the benefits counseling must be a certified Community Work Incentive Counselor (CWIC).
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## Appendix B: Definitions

### **Academic Training**

Training provided to develop academic and reasoning abilities as well as skills for a specific occupation typically leading to certificates or degrees at the associate level or higher.

### **Ambulatory Surgery Center (ASC)**

A distinct entity that operates exclusively for furnishing outpatient surgical procedures.

### **Anisokonic Lenses**

Lenses that correct for lack of binocular vision.

### **Assistive Technology Device (AT)**

A non-medical piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an individual with a disability.

### **Assistive Technology Service**

Any service that directly assists individuals with disabilities in the selection, acquisition or use of an assistive technology device. This includes assistive technology evaluations; purchasing, leasing or otherwise assisting with acquisition of an assistive technology device; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices; coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs; training or technical assistance to the individual, family members, guardians, advocates or authorized representatives in the use of the device; and, training or technical assistance for professionals, employers and others who are substantially involved in the major life functions of the individual to the extent necessary to the achievement of an employment outcome by an individual with a disability.

### **By Report (BR)**

Procedures referred to as "By Report" or "BR" in the RVP that are unusual and so variable that no relative value is assigned.

### **Chiropractic**

A form of medicine focusing on diagnosis, treatment, and prevention of mechanical disorders of the musculoskeletal system, especially the spine, under the principle that these disorders affect general health via the nervous system.

<b>Chiropractic Adjustment</b>	Treatment whereby a chiropractor uses their hands or a small instrument to apply a controlled, sudden force to a joint to attempt to correct structural alignment and improve the body's physical function.
<b>Clinical Laboratory</b>	A certified provider who performs microbiological, serological, chemical, hematological, radiobioassay, cytological, immunohematological, pathological, or other examinations of materials derived from the human body to provide information for diagnosis, prevention, or treatment of any disease or the assessment of a medical condition.
<b>Cognitive Skills Training</b>	Training in the development of cognitive skills to improve attention, memory, and problem solving.
<b>Communication Skills Training</b>	Training in specialized visual, auditory, or sign language communication techniques needed by an individual with a disability to communicate with others.
<b>Community-Based Services</b>	Services provided in realistic life settings as applicable for the specific service, such as realistic work settings, an applicant or eligible individual's home, or the community environment, etc.
<b>CPT codes</b>	"Current Procedural Terminology" (CPT) codes, developed by the American Medical Association to identify medical services and related treatment procedures performed by physicians.
<b>Dentistry</b>	Conduct of dental diagnostic or therapeutic services, including oral surgery; furnishing, supplying constructing, or repairing prosthetic dentures, bridges, appliances, or other structures worn in the human mouth; diagnosis and treatment of diseases, pain, deformity, deficiency, injury, or physical condition of human teeth, jaws or adjacent structure; extracts of human teeth; repairs of cavities; and dental x-rays.
<b>Driver's Training</b>	Formalized instruction in the safe operation of a motor vehicle.
<b>Driver's Training (specialized)</b>	Driver's training involving the use of specialized adaptive equipment, depending on the individual's needs.
<b>Durable Medical Equipment</b>	Equipment that can withstand repeated use and which generally does not have a value to the user in the absence of a medical or physical condition.

<b>Employment Stipend</b>	Payment to an employer for part or all of an individual's salary for up to one month when necessary to procure a job placement. After one month, the employer agrees to provide the individual commensurate wages and benefits as provided to other individuals performing the same or similar work.
<b>Facility-Based Services</b>	Services provided in environments designed specifically to furnish goods and services to persons with disabilities and other special populations, such as community rehabilitation program facilities, clubhouses, independent living centers, special residential facilities, extended employment sites, etc.
<b>GED Preparation</b>	Educational services provided on a one-to-one basis or through an adult learning program to help an individual prepare for obtaining a general equivalency diploma (GED).
<b>Goods</b>	Commodities obtained from vendors or via comparable benefits that have been determined necessary for participation in vocational rehabilitation services or attainment of an employment outcome.
<b>HCPCS codes</b>	"Healthcare Common Procedure Coding System" numbers, a national coding system for numerous medical and medically related services developed by the Health Care Financing Administration (HCFA).
<b>Hearing Aid Dealer</b>	Individual engaged in the practice of fitting and dispensing hearing aids.
<b>High Index Lenses</b>	Corrective lenses that are thinner and lighter than conventional glass or plastic corrective lenses for high amounts of nearsightedness or farsightedness.
<b>Home Health Services</b>	Medical services provided in the individual's place of residence (excluding hospitals or nursing homes) for the treatment of a medical or physical condition.
<b>Independent Laboratory</b>	Clinical laboratory that performs diagnostic tests and is independent of both the attending or consulting physician's office and hospital. A hospital laboratory performing tests for individuals who are not admitted as patients may be certified as an independent laboratory.
<b>In-Patient Hospitalization</b>	Hospitalization for more than 24 hours.

<b>Interim Value</b>	Relative values that have been published as a guideline for keeping pace with the rapid changes in procedure technology in the <i>Relative Values for Physicians</i> (RVP) manual. Any reimbursement disagreements should be resolved by treating “I” codes as “BR” or “RNE.”
<b>Intermediate Nursing Care</b>	Care furnished to individuals whose physical or medical condition does not require the degree of care and treatment that a hospital, extended care facility, or skilled nursing care facility is designed to provide.
<b>Interpreter Services</b>	Communication of expressive and receptive language through oral, manual, or written communication techniques. Deaf interpreter services are distinct in that the interpreter must be certified with RID. See “Appendix A” for more detail.
<b>Job Club</b>	A structured group setting that provides assistance and support for job search activities, emphasizing self-directed job search techniques.
<b>Job Coaching</b>	Training provided by an individual other than the employer (unless under a program of natural supports in a supported employment placement) to an eligible individual after placement in a paid employment situation. Services include job skill training at the work site, work site orientation, monitoring of the individual at the job site to assess employment stability, and coordination or provision of specific services at or away from the work site to maintain employment stability.
<b>Job Placement</b>	Services to help an individual obtain suitable, stable, and satisfactory employment in an integrated setting, which is consistent with the individual’s strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Services include individualized job search assistance, assistance in completing work applications, arranging for interviews, preparing for interviews, on-site job analyses, on-site consultation with employers, recommendations for work-site job modifications, and/or up to four hours of orientation to the work place, as appropriate to the individual’s specific needs.
<b>Job Seeking Skills Training (JSST)</b>	Training to teach individuals how to conduct job searches, prepare résumés, complete applications,

and interview effectively. The provision of job seeking skills training is intended to enable the individual to conduct the job search as independently as possible.

**Job Shadowing**

A community-based situational assessment provided in a real work setting where the individual observes and may assist in the performance of a specific job so that the individual has a sufficient understanding of job requirements when making a choice among potential employment goals.

**Job Site Evaluation**

A limited situational assessment (up to three hours) which consists of observing an individual with on a specific job to determine if the job and/or work setting is appropriate and/or to determine accommodations that may be needed.

**Job Site Modification**

Modification or adaptation of a workstation and/or job site to enable or improve the ability of an individual with a disability to access necessary tools, equipment, and materials for the performance of job tasks and/or perform required job tasks.

**Lenticular Lenses**

Corrective lenses that typically feature two different magnifications. One area of the lens has one refractive correction power, while the other area of the lens features a different power. For example, a pupil-sized circle in the center of the lens may be one power, while the outside edge of the lens is another. Which area has a stronger power depends upon the type of condition the doctor wishes to correct.

**Licensed Professional Counselor (LPC)**

Individual licensed to select, administer, score, and interpret tests measuring aptitudes, attitudes, abilities, achievements, interests, emotional, and other personal characteristics; to evaluate person's personal and social functioning; to provide psychotherapy and counseling services which facilitate effective personal, emotional, social, education, and vocational development in individuals, couples, groups, and organizations; to provide mental health counseling; and, to provide counseling to build skills in communications, decision-making, problem-solving, adaptation to life changes, developing social skills, restructuring

**Maintenance**

cognitive patterns, facilitating adjustment to personal crises and conflicts.

Monetary support provided to an individual for expenses such as food, shelter, and clothing that are in excess of the normal expenses of the individual and that are necessitated by the individual's participation in assessment for determining eligibility and vocational rehabilitation needs or the individual's receipt of vocational rehabilitation services under an Individualized Plan for Employment (IPE).

**Marriage and Family Counseling**

Provision of professional marriage and family psychotherapy to individuals, couples, and family groups to assess and treat emotional and mental problems and to modify intrapersonal and interpersonal dysfunctions.

**Medical Emergency**

A medical condition or presenting complaint which manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention could reasonably expect to result in a threat to life, immediate or delayed, or an organ or body part not returning to full normal function.

**Myodisc Lenses**

Corrective lenses to treat extremely high myopia often seen in low vision patients.

**Note Taking Services**

Services that accurately record the content of verbal material presented by an instructor, evaluator, or employer for an individual who is unable to hear or comprehend verbal communication.

**On-the-Job Training (OJT)**

Job skill training an employer provides to an individual with a disability at the worksite after placement in a paid employment situation, with the clear expectation that employment in the same or a similar job for the employer will continue if training is successful.

**Optician**

Individual who duplicates, supplies, sells, or repairs eyeglasses or corrective lenses prescribed by optometrists or ophthalmologists.

**Optometry**

Profession of examining the eyes for visual defects and prescribing corrective lenses.

<b>Orientation &amp; Mobility Evaluation</b>	Personal adjustment evaluation for persons who are or visually impaired to determine independent travel skills and needs.
<b>Orientation &amp; Mobility Training</b>	Personal adjustment training provided to persons who are or visually impaired to teach independent travel skills.
<b>Osteopathy</b>	Medical therapy that treats medical disorders through the manipulation and massage of the bones, joints, and muscles.
<b>Outpatient Hospital Services</b>	Diagnostic, therapeutic, rehabilitative, preventive, and palliative services furnished by or under the direction of a physician to an individual who is not receiving room and board or professional services on a continuous 24-hour-a-day basis.
<b>Personal Adjustment Evaluation</b>	An individualized and systematic process to evaluate an individual's skills, behaviors, and needs in the areas of personal functioning, homemaking, orientation and mobility, adaptive communication, daily living skills, and, if applicable, low vision.
<b>Personal Adjustment Training</b>	Training provided to help individuals develop compensatory skills and/or to adjust behavior in the areas of independent living, personal functioning, homemaking, orientation and mobility, adaptive communication, daily living skills, and if applicable, low vision.
<b>Personal Assistance Services</b>	A range of services provided by one or more persons designed to assist an individual with a disability to perform daily living activities that the individual would typically perform without assistance if the individual did not have a disability. The services must be designed to increase the individual's control in life and ability to perform everyday activities on or off the job. The services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other vocational rehabilitation services. The services may include training in managing, supervising, and directing personal assistance services.
<b>Physician Assistant (PA)</b>	Individual licensed to perform delegated acts in the practice of medicine consistent with sound medical practice and under the direction and supervision of a licensed physician.

<b>pl</b>	Descriptor used in visual prescriptions which means "no power." Equivalent to 0 diopters.
<b>Podiatry</b>	Evaluation and treatment of disease, ailment, pain, injury, deformity or physical condition of the human toe, foot, ankle, and tendons which insert into the foot using medical, surgical mechanical, manipulative, or electrical treatment procedures.
<b>Practical Nursing (LPN)</b>	Performance of services necessary to care for the ill and injured under supervision of dentist, physician, podiatrist, or professional nurse; administration of treatments and medications prescribed by licensed physician.
<b>Professional Nursing (RN)</b>	Performance of independent nursing functions and delegated medical, podiatric, and dental functions by a registered professional nurse. Includes evaluating health status through collection and assessment of health data; health counseling; therapy and treatment which is supportive and restorative to life & well-being; executing delegated medical functions as prescribed and authorized by licensed physician; referring to medical or community agencies; reviewing and monitoring therapy and treatment plan.
<b>Provider</b>	The individual and/or organization that renders a necessary good or service.
<b>Psychology</b>	Practice of evaluating mental or emotional function of person; construction, administration, and interpretation of tests assessing intellectual abilities, personality characteristics, cognitive skills, psychopathology, and psycho physiological characteristics; diagnosis and treatment of emotional, behavioral, and mental disorders; psychotherapy and psychological counseling.
<b>Psychotherapy</b>	Treatment, diagnosis, testing, assessment, or counseling in a professional relationship to assist individuals or groups to alleviate mental disorders, understand unconscious or conscious motivation, resolve conflicts, or modify behaviors which interfere with effective emotional, social, or intellectual functioning.
<b>Reader Services</b>	Verbal communication of printed text for an individual unable to read or comprehend typical written or printed materials.

**Rehabilitation Engineering**

Original design and fabrication of devices and solutions to problems confronted by individuals with disabilities in preparing for, entering, and/or maintaining employment.

**Rehabilitation Teaching**

Personal adjustment training provided to persons who are blind or visually impaired to identify, overcome, and/or circumvent barriers to communication, home and personal management, and independent mobility. May include counseling and guidance to enhance an individual's adjustment to blindness, self-reliance, and independent decision-making.

**Rehabilitation Teaching Evaluation**

Personal adjustment evaluation for a person who is blind or visually impaired to identify skills and needs in the areas of communication, home and personal management, adjustment to impairment, independent decision making, and independent mobility.

**Rehabilitation Technology Evaluation**

An assessment to identify the assistive technology devices, assistive technology services, and/or rehabilitation engineering services that are necessary for the individual to participate in vocational rehabilitation assessment and services and achieve an employment outcome.

**Rehabilitation Technology Services**

The systematic application of technologies, engineering methodologies, or scientific principles to address barriers confronted by individuals with disabilities in areas such as education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services.

**Relocation Costs**

Financial support to cover relocation expenses of an individual with a disability and/or family when it is necessary to enable an individual to participate in vocational rehabilitation services and attain an employment outcome.

**Residential Modification**

Structural modifications or adaptations to an individual's residence to enable access to and independent function within the residence to the

	degree necessary for the individual to attain an employment outcome.
<b>RNE</b>	"Relativity Not Established"— unit values for procedures that are atypical, new, or unknown in common practice.
<b>Relative Values for Physicians</b>	A manual by which an entity can establish and negotiate fees for medical and surgical procedures with the same relative values used by many insurance companies.
<b>Self-Employment</b>	An employment outcome whereby the individual or the entity owned by the individual is responsible for paying employer and employee Social Security taxes, income taxes, insurance, licenses, and other employee benefits. Self-employment may be a sole proprietorship, partnership, or corporation.
<b>Self-Employment Services and Consultation</b>	Services that address professional fees paid to business consultants, accountants, attorneys, industry experts and mentors, etc., for assisting individuals to determine whether to pursue self-employment and in developing and implementing a viable business plan. DVR will purchase such services at the lowest available usual and customary rates as appropriate to the specific service provided.
<b>Service</b>	The furnishing of labor, time, or effort on behalf of an individual to assess eligibility and vocational rehabilitation needs, accommodate barriers to employment, and enable the individual to achieve the planned employment outcome.
<b>Services to Members of an Individual's Family</b>	Supportive services provided to family members only when necessary to enable the applicant or eligible individual to achieve an employment outcome. Such services may include childcare and elder care when the individual is responsible for the daily living needs of children or parents, family relocation costs when necessary for the employment of the individual, family therapy, and transportation for family members.
<b>Situational Assessment (SA)</b>	A type of vocational evaluation conducted to assess work behaviors, interpersonal skills, and job-related skill levels for purposes of establishing

eligibility or developing the Individualized Plan for Employment. May take place in community-based settings, including real life work settings and transitional employment settings, or in facility-based settings, such as community rehabilitation program facilities.

**Skilled Nursing Services**

Nursing services which require a substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences, including the planning, organizing, and managing of a patient care plan.

**Social Work**

Psychotherapy and counseling provided to effect change in human behavior, emotional responses, and social conditions of individual, couples, families, groups, and communities.

**Sphere**

Part of a visual prescription, measured in diopters, which identifies the major power of a lens.

**Standardized Vocational Evaluation**

A type of vocational evaluation utilizing formalized testing tools and standard protocols. Standardized vocational evaluations typically involve the use of formalized normed work samples, such as the Valpar, McCarron-Dial, written tests, etc. A standardized vocational evaluation must be conducted by an individual who is qualified to administer the standardized assessment tools.

**Supplemental Evaluation**

A type of vocational evaluation provided for an individual receiving supported employment services subsequent to the development of the Individualized Plan for Employment when necessary to reassess the particular on-going support services needed and/or the suitability of the particular placement. Supplemental evaluations typically take the form of situational assessments when additional information is necessary to determine an appropriate change or modification in the supported employment placement.

**Supported Employment Services**

Ongoing services needed to support and maintain employment of an individual with a most significant disability. DVR may provide such supports up to 18 months unless, under special circumstances, the eligible individual and the rehabilitation counselor jointly agree to extend the time to achieve an employment outcome.

**Training Books, Supplies and Materials**

Non-adaptive materials required for the individual's participation in adjustment training programs, vocational training programs, and/or academic training programs, including books, manuals, normal supplies, special training materials, and training clothing.

**Transportation**

Travel and related expenses that are necessary to enable an applicant or eligible individual to participate in vocational rehabilitation services, including expenses for training in the use of public transportation, to achieve an employment outcome.

**Trial Work Experience (TWE)**

Service provided to an applicant or eligible individual in realistic work settings to enable the individual to demonstrate abilities and capabilities to perform in work situations. Such services are provided to individuals whose eligibility or continuing eligibility is questioned due to the severity of disability.

**Tutorial Services**

One-to-one specialized instructional services provided most often in educational settings to help an individual gain knowledge and skills in a specific subject area. Tutorial services may be provided to supplement a course of formalized academic or vocational training or to remediate an individual's knowledge or skill deficit in a particular area.

**Usual and Customary Rate**

The prevailing cost of a good or service that the general public would expect to pay.

**Vehicle Modification**

Structural modifications or adaptations to a motorized vehicle to enable an individual access to and operation of the vehicle when necessary for the individual to obtain an employment outcome.

**Vocational Evaluation**

Service by which an applicant or eligible individual, in partnership with the evaluator, identifies strengths, resources, abilities, capabilities, and interests to develop a viable employment outcome. May include standardized vocational assessment, situational assessment, community-based job shadows, trial work experiences, etc.

**Vocational Training**

Training typically provided through community colleges, vocational schools, technical institutes, and other certification programs to enable eligible individuals to develop the skills necessary to perform the tasks of a specific job.

**Work Adjustment Training (WAT)**

Also known as vocational adjustment training, training provided to help eligible individuals adjust behavior and/or develop compensatory skills in vocational areas, such as peer-work relationships, supervisory work relationships, general work behaviors and expectations, and work habits. Work adjustment training may take place in facility- or community-based settings, and it includes training to improve an eligible individual's interpersonal skills to the degree necessary to engage employment. WAT is provided to students in integrated community settings to the maximum extent possible.

**Work Experience Training**

A community-based training provided in real work settings for the limited purposes of exposing individuals to the world of work and what is required to maintain successful employment. Work experience is not intended to result in permanent employment.

## Appendix C: Guidance and Forms

### Physician Proposed Treatment Plan

(To be Completed by Treating Physician)

PATIENT NAME: \_\_\_\_\_ SOCIAL SECURITY #: XXX-XX \_\_\_\_\_

DOB: \_\_\_\_\_

TREATING PHYSICIAN \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROPOSED TREATMENT PLAN: \_\_\_\_\_

FACILITY AT WHICH TREATMENT WILL TAKE PLACE: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

TYPE OF FACILITY (please check one)

Inpatient ☐

Ambulatory ☐

Outpatient ☐

Surgery Center ☐

PROCEDURAL CODE NUMBERS FROM PHYSICIAN (TO BE COMPLETED BY DVR)

(CPT Codes)	Reimbursement Rate (Per Unit Value)
_____	_____
_____	_____
_____	_____
_____	_____

**UPON COMPLETION PLEASE RETURN  
TO:**

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**Vocational Rehabilitation Counselor**

---

**DVR Office Address**

---

**Phone Number**

---

**Fax Number**

## Workers' Compensation Coverage Information Letter



**COLORADO**  
Department of  
Labor and Employment

Division of Vocational Rehabilitation  
633 17th Street, Suite 1501  
Denver, CO 80202-3660

January 25, 2018

Dear DVR Partner:

This letter provides information regarding worker's compensation coverage for the Division of Vocational Rehabilitation's (DVR) clients in certain specific service categories.

Pursuant to section 8-40-202 of the Colorado Revised Statutes, individuals participating in the DVR program may be covered by the State of Colorado's worker's compensation insurance when they are receiving services sponsored by DVR. Clients may be considered an employee of the State of Colorado for the purpose of worker's compensation coverage when the client is **engaged in an activity of a State sponsored training program and is placed with an employer**. Examples of the types of services provided by DVR that take place in an employment setting and may result in coverage by the State of Colorado's worker's compensation insurance include but are not limited to:

- Situational Assessments
- Work Adjustment Training
- Vocational Training
- Work Experiences
- On-the-Job Training in accordance with DVR's On-the-Job Training Agreement

The State of Colorado and DVR do not represent, warrant, promise, or guarantee coverage by the State of Colorado's workers' compensation insurance. A client's status as an employee and any subsequent coverage must be determined at the time of any claim filed by the client.

If you have questions regarding coverage for a specific individual in a specific service category, please contact the DVR administration office at 303-318-8571.

Thank you for partnering with DVR to achieve successful employment outcomes for people with disabilities.

Sincerely,

Joleen Schaaque  
Deputy of Finance

633 17th Street, Suite 1501, Denver, CO 80202-3660 P 303 318 8571 | [www.colorado.gov/cdle](http://www.colorado.gov/cdle)



## Appendix D: Ambulatory Surgery Centers (ASCs)

### Reimbursement

For payment purposes, ASC surgical procedures are grouped into ten categories. Within the tables below, please find the ASC Grouper rates and their effective dates.

Grouper	January 1 – June 30, 2011	July 1, 2011 – June 30, 2013	July 1, 2013 – June 30, 2014	July 1, 2014 – June 30, 2015	July 1, 2015 – Current
1	\$252.03	\$250.14	\$255.14	\$260.24	\$261.54
2	\$337.57	\$335.04	\$341.74	\$348.57	\$350.27
3	\$386.00	\$383.11	\$390.77	\$398.59	\$400.58
4	\$476.82	\$473.24	\$482.7	\$492.35	\$494.81
5	\$542.68	\$538.61	\$549.38	\$560.36	\$563.16
6	\$625.18	\$620.49	\$632.89	\$645.55	\$648.77
7	\$753.09	\$747.44	\$762.38	\$777.63	\$781.51
8	\$736.44	\$730.92	\$745.53	\$760.44	\$764.24
9	\$1013.45	\$1005.85	\$1025.96	1046.48	\$1051.72
10	NA	\$1668.35	\$1,701.72	\$1735.75	\$1744.42

### Medicaid Program Payment Calculation

Submitted charges must represent usual and customary charges. Do not adjust charges to correspond to the anticipated Medicaid payment.

Medicaid providers must agree to accept Medicaid reimbursement as payment in full for benefit services. Medicaid clients may not be billed for charges that exceed the Medicaid allowance. Medicaid calculates payment as the provider's billed charge or the established rate for the group, *whichever is less*.

### Multiple Procedures

When multiple procedures are performed during the same session, the ASC claim should reflect the highest or most complex procedure. Additional payment is not available for multiple or subsequent procedures performed at the same surgical setting. When multiple procedures are performed, the procedure with the highest reimbursement should be listed first on the claim.

## Medicare Crossover Payment

Medicaid payment for Part B Medicare crossover claims is made as follows:

1. The sum of reported Medicare deductible and coinsurance or
2. The Colorado Medicaid allowed benefit minus the Medicare payment, *whichever is less*.  
Third Party liability payments and Medicaid co pay amounts, as applicable, will be subtracted after the crossover allowed payment has been determined.

If the amount paid by Medicare equals or is greater than the Medicaid benefit, the Medicaid program makes no additional payment. This method of determining payment is commonly referred to as “lower-of” pricing.

**NOTE:** Except for applicable Medicaid copayment amounts, unpaid balances cannot be billed to the Medicaid client or the client's family.

## Services and Items Included at a Minimum in the ASC Reimbursement:

1. Use of the facilities where the surgical procedures are performed
2. Nursing, technician, and related services
3. Drugs, biological's, surgical dressings, supplies, splints, casts, and appliances and equipment directly
4. related to the provision of surgical procedures
5. Diagnostic and therapeutic items and services directly related to the provision of a surgical procedure
6. Administrative, record keeping and housekeeping items and services
7. All blood products (whole blood, plasma, platelets, etc.)
8. Materials for anesthesia
9. Intra-ocular lenses (IOLs)
10. Supervision of the services of an anesthetist by the operating surgeon

## Services That May Be Billed Separately

The following services/items are not included in the ASC rate and may be billed separately by the actual provider of services:

1. Physician services
2. Anesthetist services
3. Laboratory, radiology or diagnostic procedures (other than those directly related to performance of the surgical procedure)
4. Prosthetic devices (except IOLs)
5. Ambulance services
6. Leg, arm, back and neck braces
7. Artificial limbs
8. Durable medical equipment for use in the client's home

## Billing Procedures

ASC facility claims are submitted on the 837-P or Colorado 1500 claim form. Claim completion instructions are described in the Billing Information and the Specialty Billing Information sections of the Medicaid Program Provider Manual. The following instructions supplement the provider manual and are specific to ASC facility services claims. ASC information does not apply to other provider types.

ASC claims should be submitted electronically. Electronic claims submission reduces billing expense and claims processing time. Information about electronic claims submission may be obtained from the ACS Electronic Data Interchange (EDI) Support at 1-800-987-6721, Monday through Friday from 6 AM to 5 PM Mountain Time.

Procedure codes: ASCs identify services using HCPCS surgical procedure codes. During claim processing, the surgical code is linked to an appropriate ASC group for payment calculation.

Implantable prosthetics: The following implantable prosthetic HCPCS codes are approved for billing by the ASC or the surgeon on the 837 -P or CO 1500 claim form:

L8600            Implantable breast prosthesis, silicone or equal

L8603   Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies

L8606   Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies

L8610            Ocular implant

L8612            Aqueous shunt

L8613            Ossicular implant

L8614            Cochlear device/system

L8619            Cochlear implant external speech processor, replacement

L8630            Metacarpophalangeal joint implant

L8631   Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)

L8641            Metatarsal joint implant

L8642            Hallux implant

L8658            Interphalangeal joint spacer, silicone or equal, each

L8659   Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size vascular graft material, synthetic, implant

V2785   External recharging system for battery (internal) for use with implantable neurostimulator processing, preserving and transporting corneal tissue.

The ASC is responsible for obtaining required billing information from the surgeon. ASC providers are required to verify Medicaid eligibility before services are rendered. If eligibility is not verified, payment may be denied.

**ICO-9-CM diagnosis:** The diagnosis field(s) must be completed with an appropriate ICD-9-CM diagnosis code(s).

**Place of service:** Complete the Place of Service (PaS) field with a "24" for ASC facility charges.

**NOTE:** Electronic billers should consult the software instructions to assure that pas coding is submitted properly.

**Rendering provider:** Complete with the 8-digit Medicaid provider number assigned to the operating surgeon.

**Referring provider:** If the client is enrolled in the Primary Care Physician (PCP) program and the operating surgeon is not the PCP, the PCP's Medicaid provider number must be entered in this field. PCP- enrolled clients must obtain PCP referral if surgical services are performed by a physician other than the PCP. If the client does not have an assigned PCP, this field may be left blank.

**Sterilization procedures:** All sterilization claims must have an attached copy of a properly completed MED-178 sterilization consent form. The surgeon is responsible for providing a copy of the MED-178 to the ASC. Claims without a properly completed MED-178 are denied. Refer to the provider manual for complete billing requirements.

**Hysterectomy procedures:** Hysterectomy procedures are a benefit of Colorado Medicaid when performed solely for medical reasons. Hysterectomy is not a benefit if the procedure is performed solely for the purpose of sterilization, or if there was more than one purpose for the procedure and it would not have been performed but for the purpose of sterilization. Refer to the provider manual for complete billing requirements.

**Medicare crossover claims:** Medicaid pays the Medicare deductible and coinsurance or the Medicaid-allowed benefit minus the Medicare payment, whichever is less. If Medicare's payment equals or is more than the Medicaid allowed benefit, crossover claims are paid at zero. Most Medicare crossover claims are transmitted electronically from Medicare to Medicaid. If a Medicare claim does not cross automatically. The provider is responsible for submitting a "hardcopy crossover" claim on the CO 1500 claim format. Refer to the provider manual for completed hardcopy crossover claim preparation instructions.

Please direct questions about Colorado Medicaid billing or the information in this bulletin to Medicaid Provider Services at 1-800-237-0757 or 1-800-237-0044 (toll free).

## ASC Group 1

11404	21296	26110	27810	32405	43200	45332	50553	54220	63610	64859
11444	21480	26350	27816	32554	43201	45333	50555	54450	63661	64907
11971	21800	26476	27818	36262	43202	45334	50557	54500	63662	65175
12020	21820	26477	27824	36555	43204	45335	50561	54505	63663	65400
12021	22305	26478	27830	36556	43205	45337	50688	54800	63664	65800
13102	22310	26479	27831	36568	43215	45338	50951	54865	63688	65820
13122	23030	26516	27840	36569	43216	45339	50953	55100	64410	65865
13133	23330	26645	27842	36580	43217	45340	50955	55150	64415	66020
15003	23331	26990	27860	36584	43219	45341	50957	55175	64417	66500
15005	23333	26991	28222	36589	43220	45342	50961	55400	64420	66505
15111	23500	27040	28225	36590	43226	45345	50970	55680	64421	67015
15116	23505	27086	28226	36640	43235	45355	50972	55720	64430	67025
15131	23520	27193	28264	38300	43450	45387	50974	56441	64455	67030
15136	23525	27230	28400	38505	43453	45900	50976	56442	64479	67227
15151	23540	27238	28545	40818	43753	45905	50980	56700	64480	67346

15152	23545	27246	28575	40819	43754	45910	51080	57000	64483	67415
15156	23570	27250	28605	40831	43755	45915	51101	57023	64484	67500
15157	23575	27265	28635	41005	43756	46030	51102	57065	64490	67715
15272	23650	27323	28665	41006	43757	46050	51710	57180	64491	67820
15274	23655	27324	29581	41007	43760	46220	51726	57200	64492	67825
15276	23700	27380	29582	41008	43761	46230	51727	57426	64493	68510
15278	23930	27390	29583	41009	43870	46285	51728	57700	64494	68525
19081	24100	27500	29584	41010	44100	46608	51729	58555	64495	68810
19082	24500	27508	30120	41015	44312	46610	51785	59320	64510	69110
19083	24505	27510	30310	41016	44380	46611	51880	60000	64520	69205
19084	24530	27516	30801	41017	44382	46612	52000	61020	64530	69424
19085	24535	27517	30802	41018	44385	46706	52317	61026	64553	69450
19086	24560	27520	30903	41116	44386	46917	53000	61050	64568	69711
19100	24576	27530	30905	41500	44388	46922	53010	61055	64575	92018
19281	24577	27532	30906	41510	44389	46924	53020	61070	64580	92019
19282	24600	27538	31235	41512	44390	46946	53200	61888	64585	92020
19283	24655	27550	31238	41530	44391	47000	53442	62194	64595	G0260
19284	24670	27552	31515	41800	44392	47525	53445	62225	64600	
19285	24675	27560	31525	42180	44393	47530	53446	62263	64605	
19286	25028	27562	31527	42300	44394	48102	53447	62264	64610	
19287	25250	27570	31603	42310	44397	49180	53449	62267	64611	
19288	25251	27605	31612	42320	45000	49418	53450	62268	64620	
19290	25505	27606	31615	43211	45100	49419	53460	62269	64633	
19291	25520	27658	31620	43212	45305	49421	53665	62270	64634	
19295	25535	27750	31622	43213	45307	49422	53855	62272	64635	
19328	25635	27752	31637	43214	45308	50200	54057	62273	64636	
19330	25660	27760	31645	42600	45309	50390	54060	62280	64702	
20206	25671	27762	31646	42700	45315	50392	54065	62281	64704	
20220	25675	27780	31717	42720	45317	50393	54100	62282	64722	
20670	25690	27781	31720	42802	45320	50395	54105	62310	64726	
20694	26011	27786	31730	42804	45321	50396	54115	62311	64727	
21011	26025	27788	31820	42900	45327	50398	54150	62318	64832	
21295	26105	27808	31899	42960	45331	50551	54152	62319	64837	

## ASC Group 2

10121	12044	15740	21400	23625	25248	26706	27641	28108	31233
10180	12045	15750	21452	23665	25263	26742	27656	28192	31237
11010	12046	15760	21485	23675	25565	26756	27659	28234	31240
11011	12047	15777	21497	23931	25624	26776	27664	28240	31320
11012	12054	16025	21501	23935	25676	26785	27665	28280	31400
11042	12055	16030	21502	24066	25680	26861	27675	28290	31420
11043	12056	19020	21552	24071	25695	26951	27681	28292	31510
11044	12057	19101	21554	24073	26020	27000	27695	28300	31511
11406	13100	19102	21555	24075	26030	27041	27696	28302	31512
11424	13120	19103	21556	24076	26034	27043	27698	28304	31513

11426	13131	19110	21600	24110	26055	27047	27704	28308	31526
11446	13160	19340	21610	24134	26060	27080	27705	28313	31528
11450	14000	20005	21700	24136	26070	27194	27707	28405	31529
11451	14040	20200	21805	24138	26100	27202	27709	28406	31530
11462	15002	20225	21925	24147	26111	27252	27730	28435	31535
11463	15004	20240	21930	24160	26113	27266	27732	28436	31570
11470	15040	20690	21931	24201	26115	27275	27734	28456	31571
11471	15050	20975	21932	24345	26116	27305	27740	28476	31576
11604	15100	21010	21933	24495	26140	27325	27742	28496	31577
11606	15110	21012	22315	24538	26200	27326	27825	28546	31578
11624	15115	21013	22505	24565	26210	27327	27829	28555	31595
11626	15120	21014	23000	24566	26262	27337	27832	28606	31613
11644	15130	21025	23020	24582	26320	27391	28020	28810	31614
11646	15135	21026	23066	24605	26471	27393	28022	28820	31623
11960	15150	21029	23071	24620	26474	27501	28024	28825	31624
12005	15155	21040	23073	25031	26485	27502	28039	30115	31625
12006	15201	21044	23075	25035	26550	27566	28043	30125	31628
12007	15220	21046	23076	25066	26560	27603	28050	30140	31629
12016	15221	21047	23100	25071	26596	27604	28052	30320	31630
12017	15260	21060	23170	25075	26605	27607	28054	30560	31631
12018	15261	21100	23172	25100	26607	27610	28060	30915	31634
12034	15271	21310	23174	25118	26650	27614	28086	31020	31635
12035	15273	21315	23405	25145	26675	27618	28088	31050	31636
12036	15275	21320	23406	25150	26676	27632	28100	31070	31638
12037	15277	21337	23605	25151	26705	27640	28104	31200	31640
31641	40510	43232	44364	46707	52330	54163	62350	64778	66710
31643	40520	43236	44365	46754	52332	54164	62355	64783	66711
31755	40525	43237	44366	46760	52630	54512	62360	64787	66720
31825	40527	43238	44369	47510	52640	54660	62361	64795	66740
31830	40530	43239	44372	47552	52700	54700	62362	64802	66821
32551	40801	43240	44373	49082	53040	55110	62365	64834	68115
32555	40814	43241	44376	49083	53220	55120	63600	64840	68130
32560	40816	43242	44377	49084	53230	55180	63650	64856	68360
33010	40840	43243	44378	49402	53240	55200	63685	64857	68362

33011	41112	43244	45005	49411	53250	55250	63746	64858	68371
33222	41113	43245	45020	49426	53250	55700	64517	64872	68700
33223	41114	43246	45108	49540	53260	55705	64569	64885	68811
33233	41250	43247	45150	52001	53265	55706	64570	64886	68815
36261	41251	43248	45160	52005	53270	55725	64590	64890	69120
36557	41252	43249	45171	52007	53275	56440	64630	64891	69140
36558	41520	43250	45172	52010	53405	57010	64680	64892	69145
36575	41827	43251	45378	52204	53410	57020	64681	64893	69620
36576	42000	43255	45379	52214	53425	57105	64708	64901	G0105
36578	42107	43260	45380	52224	53430	57130	64712	64902	G0121
36581	42140	43261	45381	52234	53431	57135	64713	64905	
36860	42182	43262	45382	52260	53440	57155	64714	65135	
37609	42305	43263	45383	52270	53444	57156	64718	65150	
37650	42340	43264	45384	52275	53502	57210	64719	65235	
37700	42405	43265	45385	52277	53505	57400	64721	65270	
38305	42450	43267	45386	52281	53510	57410	64732	65272	
38308	42725	43268	45391	52283	53515	57415	64734	65410	
38500	42806	43269	45392	52285	53520	57513	64736	65420	
38510	42808	43271	45500	52287	53605	57520	64738	65815	
38520	42950	43272	45505	52290	54000	57522	64740	66160	
38525	42955	43273	45560	52300	54001	58120	64742	66174	
38530	42955	43456	45990	52305	54110	58346	64744	66175	
38542	42962	43458	46045	52310	54111	58559	64746	66185	
38740	43227	44360	46060	52315	54112	60200	64771	66250	
38760	43228	44361	46200	52318	54120	61885	64772	66682	
40500	43231	44363	46615	52327	54162	62230	64774	66700	

### ASC Group 3

11770	15770	19126	23490	24579	25316	26160	26520	27381	27676
11771	15775	19301	23491	24615	25320	26170	26530	27385	27680
11772	15776	19342	23515	24635	25335	26180	26555	27386	27685
11970	15820	20205	23530	24685	25355	26205	26561	27392	27686
13101	15821	20245	23550	24925	25360	26373	26568	27394	27687
13121	15822	20250	23585	25000	25365	26392	26591	27395	27692
13132	15824	20251	23660	25020	25370	26410	26593	27396	27745

13150	15825	20525	23670	25023	25390	26412	26685	27397	27756
13151	15826	20650	23680	25024	25392	26416	26686	27400	27766
13152	15828	20680	23921	25025	25400	26426	26843	27418	27784
13153	15830	20900	24077	25073	25415	26428	26844	27420	27792
14001	15832	20910	24079	25076	25425	26432	26860	27424	27814
14020	15833	20912	24105	25077	25450	26433	26863	27427	27822
14021	15834	20922	24115	25078	25455	26434	26910	27497	27823
14041	15835	21016	24116	25085	25490	26437	27001	27498	27826
14060	15836	21034	24120	25101	25491	26440	27003	27499	27827
14061	15839	21050	24125	25107	25492	26442	27033	27503	27846
14350	15847	21070	24126	25110	25515	26445	27045	27509	27848
15101	15876	21355	24130	25111	25545	26449	27048	27594	27884
15121	15877	21356	24140	25119	25574	26450	27049	27600	27889
15200	15878	21401	24145	25120	25575	26455	27050	27601	27892
15240	15879	21450	24155	25125	25605	26460	27052	27602	27893
15241	15920	21453	24164	25126	25606	26480	27059	27612	27894
15570	15931	21490	24310	25130	25628	26483	27087	27615	28002
15572	15933	21557	24320	25135	25645	26489	27096	27616	28003
15574	15934	21558	24330	25136	25670	26490	27097	27619	28005
15576	15940	21720	24331	25210	25685	26492	27098	27630	28008
15600	15941	21725	24340	25265	25907	26494	27257	27634	28011
15610	15944	21935	24341	25272	25922	26496	27301	27635	28041
15630	15950	21936	24342	25290	25929	26497	27306	27637	28045
15731	15952	23031	24420	25295	26045	26499	27307	27638	28046
15732	15956	23035	24430	25300	26117	26508	27328	27647	28047
15734	19112	23040	24470	25301	26118	26510	27339	27650	28062
15736	19120	23077	24498	25310	26130	26517	27340	27652	28070
15738	19125	23078	24575	25315	26145	26518	27355	27654	28072
28080	28293	29835	30220	36819	43259	52346	54520	62294	66630
28090	28294	29836	30430	36820	44340	52351	54522	63744	66635
28092	28296	29837	30920	36821	46020	52400	54620	64716	66680
28102	28297	29838	31030	36861	46040	52402	54670	64776	67250
28103	28298	29840	31205	37500	46080	52450	54680	64782	67255
28106	28305	29843	31254	37607	46250	52500	54830	64784	67311

28107	28310	29844	31256	37718	46255	53080	54860	64786	67400
28110	28312	29845	31267	37722	46257	53235	55040	64788	67880
28111	28415	29846	31276	37735	46258	53400	55500	64790	67882
28112	28445	29847	31287	37760	46260	53420	56515	64792	67911
28113	28465	29870	31288	37761	46270	54300	56740	64835	67912
28114	28505	29871	31295	37780	46275	54304	56800	64836	67914
28116	28525	29873	31296	37785	46700	54308	57220	64861	67921
28122	28531	29874	31297	37790	46750	54312	57230	64862	67961
28126	28576	29882	31531	38550	46753	54316	57268	64864	67966
28130	28585	29883	31536	40650	46761	54318	57300	64874	67971
28140	28615	29884	31540	40652	47553	54322	57530	64876	67973
28150	28636	29885	31611	40654	47554	54324	57550	64895	67974
28153	28645	29886	33212	40761	47555	54326	57558	64896	67975
28160	28666	29887	33213	40842	47560	54328	57720	64897	68500
28171	28675	29889	36260	40843	47561	54340	58350	64898	68505
28173	29800	29891	36560	42408	47630	54344	58558	65091	68540
28175	29804	29892	36561	42409	49320	54348	58560	65093	68550
28200	29805	29894	36563	42410	49590	54352	58561	65101	68550
28202	29806	29895	36565	42440	51715	54360	58562	65103	69150
28208	29807	29897	36566	42500	52235	54380	58670	65130	69300
28210	29819	29898	36570	42507	52240	54385	58671	65140	69310
28238	29820	29899	36571	42810	52276	54400	58800	65155	69421
28250	29821	29900	36582	42820	52301	54401	58820	65260	69436
28260	29822	29901	36583	42860	52334	54405	58900	65290	69440
28261	29823	29902	36585	42870	52341	54406	59160	65810	69670
28270	29825	30117	36800	42972	52342	54408	61215	66220	69676
28285	29826	30118	36810	43256	52343	54410	61790	66600	69700
28288	29830	30130	36815	43257	52344	54415	61791	66605	
28289	29834	30150	36818	43258	52345	54416	61886	66625	

#### ASC Group 4

14301	21465	24800	26415	27350	28420	31541	49652	64821	67332
14302	22900	25105	26418	27356	28485	31545	49654	64831	67334
15620	22901	25112	26420	27403	28705	31546	49656	64865	67335

15840	22902	25115	26498	27405	28715	35188	51020	64870	67340
15841	22903	25215	26500	27407	28725	35207	51030	65105	67405
15845	23044	25230	26502	27409	28730	36825	51040	65265	67550
15922	23105	25240	26540	27428	28735	36830	51045	65275	67570
15935	23106	25260	26542	27429	28740	36832	51050	65280	67900
15936	23107	25270	26545	27430	28750	36833	51065	65285	67903
15937	23140	25274	26546	27435	28755	36835	51500	65772	67904
15945	23150	25275	26548	27437	28760	38555	51520	65775	67908
15946	23180	25280	26562	27620	29850	38745	52250	65778	67909
15951	23182	25312	26608	27625	29851	42120	52325	65779	67916
15953	23184	25375	26615	27626	29855	42260	52352	65850	67917
15958	23190	25391	26665	27690	29856	42505	52353	65870	67923
19300	23430	25393	26715	27691	29860	42508	52354	65875	67924
19303	23440	25405	26735	27758	29861	42509	52355	65880	68320
19304	23480	25420	26765	27759	29863	42510	52356	66150	68325
19316	23532	25426	26841	27828	29875	43229	52601	66155	68326
19318	23552	25440	26842	27870	29876	43233	54015	66165	68328
19324	23615	25525	26850	27871	29914	43266	54205	66170	68330
19350	23616	25800	26852	28035	29915	46261	54420	66172	68335
19355	23800	25820	26862	28055	29916	46262	54435	66225	68340
19370	24000	26040	26952	28118	30160	46280	54440	66825	68720
19371	24006	26075	27035	28119	30400	46288	54530	66830	68745
20902	24101	26080	27100	28193	30520	49250	54550	66840	68750
20920	24102	26121	27105	28262	30580	49321	54600	66852	68770
20924	24301	26123	27110	28286	30600	49322	54640	66920	69666
20926	24305	26125	27111	28306	30930	49495	54840	67005	69667
21240	24400	26135	27310	28307	31032	49496	54861	67010	
21325	24410	26185	27330	28309	31051	49500	54900	67027	
21336	24435	26352	27331	28315	31075	49505	54901	67036	
21338	24515	26356	27332	28320	31081	49525	55060	67312	
21340	24516	26357	27333	28322	31084	49560	55520	67314	
21421	24545	26358	27334	28340	31085	49565	55530	67316	
21445	24586	26370	27335	28341	31086	49570	55535	67318	
21451	24665	26372	27345	28344	31087	49580	60280	67320	
21461	24666	26390	27347	28345	31239	49600	60281	67331	

#### ASC Group 5

15650	23156	25444	27067	31560	49550	59820	67440
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15823	23195	25445	27329	31561	49555	59821	67445
15829	23395	25447	27357	31580	51992	59840	67450
19357	23410	25449	27358	31582	52320	59841	67901
19366	23415	25526	27360	31588	53210	59870	67902
19380	23450	25607	27364	31590	53215	59871	67906
21206	23460	25608	27438	31750	54692	65110	69550
21209	23465	25609	27441	40844	55041	65426	69631
21242	23630	25805	27442	40845	55540	65780	69632
21243	24360	25810	27443	41120	56620	65781	69633
21270	24361	25825	27496	42145	56810	65782	69660
21280	24362	25830	27700	42200	57240	65900	69661
21282	24365	26535	28299	42205	57250	65930	69662
21330	24366	26536	28737	42210	57260	66180	69720
21339	24370	26565	29824	42220	57288	66930	69740
21454	24371	26567	29827	42226	57289	66940	69745
21462	24546	26580	30410	42235	57291	67041	69801
22904	24587	26587	30420	42815	57556	67042	69820
22905	24802	26590	30435	42821	58145	67043	69840
23120	25040	26746	30540	42825	58660	67107	
23125	25332	26820	30545	42826	58661	67218	
23130	25337	27060	31090	42830	58662	67412	
23145	25441	27062	31201	42831	58672	67413	
23146	25442	27065	31255	42835	58673	67420	
23155	25443	27066	31300	42836	59812	67430	

#### ASC Group 6

29877	29880	29888	66986
29879	29881	66985	

#### ASC Group 7

19302	23334	30620	65710	69603
21120	23397	30630	65730	69604
21121	23400	40700	65750	69605

21122	23412	40701	65755	69635
21123	23420	40720	65756	69636
21125	23455	42215	65770	69637
21181	23462	42415	65920	69641
21208	23466	42420	66130	69642
21210	23485	42425	66850	69643
21215	23802	42665	67039	69644
21230	24363	42890	67040	69645
21235	25446	42892	67108	69646
21244	26230	46762	67112	69650
21245	26531	46947	67343	69805
21246	26541	49520	69320	69806
21248	26727	49568	69501	69905
21249	27372	56625	69502	69910
21267	27422	57265	69505	69915
21275	27425	57267	69511	69930
21335	28120	58353	69530	
21345	30450	65112	69552	
23101	30460	65114	69601	

### ASC Group 8

19296	35876	44383	49582	55873
19297	36475	45190	49585	55875
19298	36476	47511	49587	58545
19325	36478	47556	49653	58546
21127	36479	49500	49655	58550
22520	36831	49501	49657	58563
22521	36870	49505	50590	58565
22522	38570	49507	50947	62287
29848	38571	49521	50948	69714
29862	38572	49553	52282	69715
29893	41899	49557	52647	69717
30462	43653	49561	52648	69718

30465	44370	49566	54690	
35875	44379	49572	55550	

#### ASC Group 9

19296	35876	44383	49582	55873
19297	36475	45190	49585	55875
19298	36476	47511	49587	58545
19325	36478	47556	49653	58546
21127	36479	49500	49655	58550
22520	36831	49501	49657	58563
22521	36870	49505	50590	58565
22522	38570	49507	50947	62287
29848	38571	49521	50948	69714
29862	38572	49553	52282	69715
29893	41899	49557	52647	69717
30462	43653	49561	52648	69718
30465	44370	49566	54690	
35875	44379	49572	55550	

#### ASC Group 10

47562	47564	49651
47563	49650	